

7. Enrollment

Please explain how you propose to execute Section 7 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

Overview

AmeriHealth Caritas Iowa is able to meet all Iowa Medicaid enrollment and disenrollment requirements as described in Section 7.

Easy member enrollment and disenrollment plays a critical part in the continuity of care and the ability for the hardest-to-reach populations to have access to quality health care. Our enrollment and disenrollment processes are turn-key, easy to use and fair. We focus on empowering access to all populations, no matter where they are.

We focus on a holistic enrollment approach centered on member rights, cultural awareness and sensitivity, and our commitment to serving all members in all circumstances—resulting in low opt-out rates across the populations we serve.

Members matter most

We deliver the highest-quality healthcare through a culture that prioritizes—above all else—member rights, cultural awareness and sensitivity, and an intractable commitment to serving members wherever they are and whatever their circumstances may be. It is through this commitment that we honor member values, recognize their humanity, respect their worth as individuals, protect their dignity and preserve their right to self-determination.

AmeriHealth Caritas Iowa will comply with all needs stated within this section, including areas not specifically addressed in the questions below.

7.4 Member Disenrollment

1. Describe your grievance process for addressing member quality-of-care concerns and member disenrollment after the first ninety (90) days of enrollment.

We treat all member complaints and grievances with the highest level of attention and care. We are a people-to-people organization, dedicated to delivering the absolute highest-possible levels of care and service. To best achieve this goal, we actively encourage members to submit concerns by educating them on the grievance process (see attachment), and we commit ourselves to resolving member concerns expeditiously and to the satisfaction of our members.

Member-initiated complaints and grievances

If members feel their rights have been violated or they feel they are not getting the care, support or attention their health conditions warrant, they have the right to file a formal complaint or grievance. The member may file a complaint or grievance by calling our Contact Center of Excellence's member services department or in writing. The AmeriHealth Caritas Iowa Complaint and Grievance team will actively investigate the issue raised by the member, and work to provide a resolution. The Complaint and Grievance staff will complete an exploration into the matter through the following actions:

- Verifying the service and/or activity of the member during the visit with the service provider.
- Contacting the member to ensure all concerns/issues identified during the initial call are clear and concise.
- Notifying vendors (e.g., transportation) through our Vendor Delegation Oversight team, which acts as a liaison between the vendors and our Complaints and Grievance department (this process is instrumental in ensuring all protocols are being met in accordance with our contractual obligations).
- Documenting and routing all actions to the appropriate areas, and housing the acknowledgment/resolution letters outlining the solution through our workflow management system (EXP application).

AmeriHealth Caritas Iowa gladly provides assistance to members through the entire complaint or grievance process, until the concern is resolved. Our customer service representatives comprise the first point of contact for member grievances. The representatives provide intake for the initial information, which is documented and tracked in our workflow management system and route it to the appropriate area for review. Every single employee who interacts with members is trained in AmeriHealth Caritas Iowa's complaint, grievance and fair-hearing processes, as well as when and how to assist members in using them.

AmeriHealth Caritas Iowa is dedicated to supporting member rights, believing that well-informed members are better able to participate in their own care and make educated judgments about the health choices available to them. We seek to inform members of their lawful rights through a variety of member materials, including the Member Handbook and Member Newsletters, as well as during contact center interactions. See below for sample outreach from our Member Newsletter.

Member-initiated disenrollment

AmeriHealth Caritas Iowa is committed to resolving member concerns and establishing mutually agreeable resolution plans. We view member disenrollment as a measure of last resort. However, when the enrollment broker has considered the member's request and approved the disenrollment, we are committed to making the transition as smooth as possible. We will fully document the disenrollment and maintained the documentation in the member's record. In addition, AmeriHealth Caritas Iowa will continue to provide medically necessary covered services to the member, in accordance with the established treatment plan (if applicable) and standard policies, until the effective date of disenrollment specified by the enrollment broker. If the member is hospitalized at the time of disenrollment or has special health needs, AmeriHealth Caritas Iowa will notify the member's new managed care organization (MCO) of that status. Upon request, AmeriHealth Caritas Iowa will work with the member's new MCO to transfer all appropriate records in a timely manner.

State-initiated disenrollment

When the State deems it necessary to disenroll a member, we will follow similar disenrollment procedures for both member- and contract-initiated requests. AmeriHealth Caritas Iowa will continue to provide medically necessary covered services to the member, in accordance with the established treatment plan (if applicable) and standard policies, until the effective date of disenrollment. If the member is hospitalized at the time of disenrollment or has special health needs, AmeriHealth Caritas Iowa will notify the member's new MCO of that status within five business days of the transition. Upon request, AmeriHealth Caritas Iowa will work with the member's new MCO to transfer all appropriate member records in a timely manner.

Contractor-initiated disenrollment

Disenrollment due to disruption to plan operations

AmeriHealth Caritas Iowa will never disenroll or encourage a member to disenroll because of his or her health care needs or a change in health status. However, we reserve the right to disenroll members who disrupt plan operations to the extent that we can no longer deliver services to them. To date, AmeriHealth Caritas has not encountered a single member who disrupted plan operations to the extent that disenrollment was appropriate. We do have experience serving members who are chronically dissatisfied with care in any setting; are extremely high utilizers of time, energy and resources; and can exhaust the time, patience and willingness of the caretakers or providers trying to help them. Our responsive, person-centered, culturally competent approach during all interactions with our members allows us to serve even these challenging members. For Iowa's Medicaid population, AmeriHealth Caritas Iowa will undertake all steps within our control to ensure member health needs are met in a way that does not disrupt the plan's operations.

Disenrollment due to fraud

We also reserve the right to disenroll a member due to fraudulent activity if the member is convicted of fraud by the State. When potential member fraud is uncovered by an AmeriHealth Caritas Iowa employee, we will collaborate with the State in its investigation into the matter. See Section 12, question 1, for additional detail on our procedures for avoiding, detecting and reporting suspected fraud to the State.

Disenrollment process

AmeriHealth Caritas Iowa will treat involuntary contractor-initiated disenrollment as a last resort. However, in the event AmeriHealth Caritas Iowa must resort to involuntarily disenrolling a member, we will provide written notice to the state that includes the reason(s) for the disenrollment request and specifies the disenrollment request is for the following month. An AmeriHealth Caritas Iowa care manager will complete the disenrollment form with the member's name and ID number, the detailed reason for the request and the interventions attempted to resolve the conflict before submitting the request to the enrollment broker. Copies of all disenrollment documentation will be maintained in the member's record.

Notification of member death or incarceration

If AmeriHealth Caritas Iowa becomes aware of the death or incarceration of one of its members, we will notify the state, in the prescribed format, within 30 calendar days.

Attachment 7.4-A: Member Communication Example

AmeriHealth Caritas Iowa wants to here about your experience

We hope that you will always be satisfied with AmeriHealth Caritas Iowa and our health care providers.

If you have questions or concerns about your AmeriHealth Caritas Iowa benefits or services, please call Member Services. Our Member Services representatives can help with most questions and concerns. If you still are not happy, you do have the right to file a grievance.

What is a grievance?

A member grievance is an oral or written report when you are not satisfied with:

- The quality of care you received.
- The quality of service you received.
- Rudeness of a health care provider or a network employee.
- Network administration practices.

How do I file a grievance with AmeriHealth Caritas Iowa?

A member grievance may be filed by a member, health care provider or personal representative, either by a phone call or by mail within 30 days from the action or occurrence. Call Member Services at 1-XXX-XXX-XXXX, or write a letter to:

AmeriHealth Caritas Iowa
Member Services Supervisor
P.O. Box XXXX
Town Name, Iowa XXXXX

- An acknowledgment letter will be mailed within 1 business day of when we receive your grievance.
- Member Services will document the grievance and work with the appropriate departments to resolve your issue.
- If we need more information from you or your provider about this issue, we will call you or send you a letter to let you know.
- You or your provider will have 14 days to get back to us about the additional information.
- If we do not hear from you or your provider within those 14 days, your grievance will be closed. We will let you know we closed your grievance.
- The grievance will be opened again once we receive the information.
- Within 90 days, AmeriHealth Caritas Iowa will resolve the grievance and send you a letter to let you know the outcome. The member Services liaison will also call you as a courtesy.

8. Member Services

Please explain how you propose to execute Section 8 in its entirety, including but not limited to the specific elements highlighted below, and describe all relevant experience.

Overview

AmeriHealth Caritas Iowa is committed to being a long-term partner with Iowa. We care about members and are focused on building trust-based relationships by listening to the members' wants and needs. Our grassroots approach to service engages members and other stakeholders, builds relationships and empowers us to improve health outcomes for members and strengthen their communities.

We improve outcomes by engaging members and their providers through a strategically tailored and fully integrated approach to communication and interaction. Coupled with industry-leading digital channels, we empower our members and their caregivers to make the best possible healthcare decisions by providing education and resources to help them get the right care in the right setting. For example, when AmeriHealth Caritas Family of

Companies (AmeriHealth Caritas) realized a pattern of over-utilization of emergency room (ER) services for non-emergent care at the Children's Hospital of Philadelphia (CHOP), we collaborated with providers to develop the 4 Your Kids Care educational program to ensure that our members understood the proper use of the ER versus when a visit to the Primary Care Provider (PCP) was more appropriate. There was a 25 percent reduction in the inappropriate use of the ER for participants of the program. The success of the program illustrates AmeriHealth Caritas' approach of identifying a problem and developing a solution that is truly tailored to the needs of the community. Additional information about this program can be found in our response to question 8.7.

AmeriHealth Caritas Iowa's systematic and organized approach to member engagement and cultural competency will mirror that of its affiliates who have earned national distinction. Affiliate health plans in South Carolina and Pennsylvania were among the first in the nation to adopt the National Committee for Quality Assurance's (NCQA's) Multicultural Healthcare Distinction standards. Since becoming early adopters in 2010, Select Health of South Carolina, AmeriHealth Caritas Pennsylvania and Keystone First have consecutively maintained their accreditation status — one awarded to an elite group of health plans that demonstrate excellence in tailoring programs and services to meet the unique needs of a diverse membership. This "meet members where they are" approach is the hallmark of our business.

Our promise of delivering high-quality, cost-effective care to people who need it most means there are "no wrong doors" for members receiving our full support in their journey to healthier lives. Every contact point counts, and our strategies and processes are designed to drive engagement and outcomes. From our community relations representatives and Community Outreach Solutions (COS) team, who engage members in their neighborhoods, to mailings, phone calls, mobile, web and other digital technologies, AmeriHealth Caritas Iowa will constantly evolve and innovate a tailored approach to determine the most

- AmeriHealth Caritas Iowa is dedicated to its members and has a "no wrong door" approach in offering services and support.
- AmeriHealth Caritas Iowa is partnering with Iowa stakeholders to understand needs and develop Iowa-specific programs.
- We are committed to the communities we serve.

effective method of communication for Iowa members. What sets us apart is our commitment to building strong relationships with both providers and members to ensure we understand the unique challenges our members face. While we are a nationally recognized healthcare company serving more than six million members in 16 states and the District of Columbia, we go back to our roots as a small community health plan in West Philadelphia to support our mission of helping people get care and build healthy communities. Driven by our history and mission, we blend into the fabric of the communities we serve to become trusted partners with members, providers, stakeholders and states. We have not wavered in that approach from our founding more than 30 years ago.

Our efforts in Iowa are ongoing as we build additional relationships with advocacy groups, provider systems and special-needs service organizations. By recognizing their goals and concerns, we will be positioned to collaborate, educate and innovate to meet their needs and the needs of our members, just as we have accomplished in other states in our 30 years of Medicaid experience.

Providing healthcare is more than just our industry, it is our promise. We are committed to building a healthier Iowa, investing in the State (e.g., programs and infrastructure such as Community Wellness Centers), and making Iowa the launch pad for the next generation of healthcare delivery and the healthiest State in the country.

8.1 Marketing

1. Describe in detail your marketing and outreach plans.

AmeriHealth Caritas is committed to making lasting improvements in the well-being of the families and communities we serve. Our marketing and communications programs are designed to educate, motivate and, ultimately, help Iowa recipients recognize AmeriHealth Caritas Iowa as the most capable and trustworthy Medicaid partner in the market. Our marketing and outreach approach will be tailored to the specific needs of Iowans and will call upon our more than 30 years of experience and successes in other markets. We align with advocacy organizations where our members live and work to improve the quality and accessibility of care to low-income individuals.

To meet the needs of the entire State, we are executing a rural marketing strategy that takes into account the distinctive landscape of rural and urban centers in Iowa, similar to our successful approaches in Nebraska, South Carolina, Louisiana and Central and Northeast Pennsylvania. In cooperation with the State of Nebraska Department of Health and Human Services, AmeriHealth Caritas participated in community education forums to educate the population on managed care with a special emphasis on understanding the importance of the PCPs, enhanced benefits, 24/7 Nurse Call Line, member services and the statewide Medicaid enrollment hotline. Presentations were facilitated with the local county Nebraska DHHS offices and key community stakeholders to increase community participation by providers, community service organizations and Medicaid beneficiaries. We will take the same approach in Iowa to ensure that Iowans have a sound understanding of Medicaid managed care.

AmeriHealth Caritas Iowa will recruit, hire and train local COS teams (such as our community outreach specialists and State social services experts, detailed in the following response) from the communities we serve, leveraging our relationships with community advocates to reach and provide education to members, as well the general public. We will have a physical presence at local events to help maximize every opportunity to effectively serve our members, provide health information and encourage screenings and preventive care.

Our goal is to increase member engagement, retention and continuity of care by promoting the completion of needed screenings and preventive services, such as Healthcare Effectiveness Data and Information Set (HEDIS)/State measurements.

Strategies/tactics

- Multi-channel outreach:
 - Utilize our outbound call center through live interaction calls to ensure completion of Health Risk Assessments to promote well care and prevention and to perform targeted campaigns to address health issues for specific populations.
 - Utilize call campaign technology to send alerts to members in need of eligibility redetermination, increase awareness of health prevention practices through mass distribution of educational materials and provide education to members on how to navigate through health plan service and health systems through a personal, one-on-one interaction with members.
- Targeted outreach:
 - Provide focused outreach to members and in communities meeting risk criteria. For example, AmeriHealth Caritas Iowa will increase community outreach in counties with the highest number of Medicaid eligible or noncompliant members for screenings/HEDIS measures to drive increased access, care and outcomes.
- Make every member contact count:
 - Regardless of how a member engages with AmeriHealth Caritas Iowa — through phone, mail, email or the Web — every contact will be designed to provide maximum value to the member. There is “no wrong door” for members in these interactions with AmeriHealth Caritas. Our Contact Center of Excellence (CCOE) representatives and COS teams are provided with information, such as where gaps in care are identified for the member and members of their household, community services and supports available near a member’s home, and critical information relative to eligibility and redetermination. This availability ensures members are informed, educated and prompted to take positive actions toward improving their healthcare and the healthcare of their families.

General marketing strategies/tactics

- Create widespread knowledge and awareness in health interventions through word of mouth.
- Utilize AmeriHealth Caritas Iowa Community Wellness Centers for education, outreach and support.
- Connect multiple sectors toward improving the culture of health within the community.
- Combine financial resources, provider groups and community-based organizations to support more community outreach in health events/activities for organizations with limited funding.
- Continue to identify opportunities in which existing partnerships can be further strengthened.
- Hire bilingual COS representatives to work within Latino communities (understanding this is Iowa’s largest minority community) to help maintain and increase relationships in both partnerships and memberships.
- Participate on community boards like the Iowa Community Action Association, the Central Iowa Shelter and other service organizations.

- Seek sponsorship opportunities with community-based organizations that share our mission to serve the underserved, such as the Iowa Area Agencies on Aging, the Primary Care Association and Lutheran Services, the Coalition for Family and Children's Services, the Arc of Iowa, and the Food Bank of Iowa, to name just a few. AmeriHealth Caritas recently sponsored the Iowa Public Health Association's annual Governor's Conference on Public Health and had interaction with the Visiting Nurses Association and the Hawkeye Area Community Action Program.

In our 30-year history, we have closely adhered to all State marketing regulations and have not had marketing compliance issues. Specific examples of how AmeriHealth Caritas will implement our strategy in Iowa follow.

Maintaining a field presence with community stakeholders

AmeriHealth Caritas Iowa is building strong community partnerships throughout the State. Our partnerships help accelerate awareness, create trust and support better health outcomes. These relationships are important because they allow for grassroots organizations that will align with AmeriHealth Caritas Iowa's mission to collaborate for more community engagement in health awareness, health education and health activities. These alliances create strong forces that can help improve health equality, reduce poverty conditions and increase overall community wellness for both our members and the population at large. Partnerships include, but are not limited to, organizations that serve our communities in healthcare-related services, education, economics, housing, food and social services.

In Nebraska, for example, AmeriHealth Caritas affiliate Arbor Health Plan partners with the Community Action Partnership of Western Nebraska's home office and the local community health center in Gering, Nebraska, the United Way, the Health Department and the YMCA to offer community baby showers and health fairs to increase health awareness and provide benefit information to Arbor Health Plan members and the community. The program creates a warm, supportive atmosphere for health screenings and educational support for expectant mothers. The goal is to ensure that women receive access to quality prenatal care and encourage mothers to make behavioral changes that lead to better birth outcomes.

AmeriHealth Caritas Iowa Community Wellness Centers

Our commitment to Iowa will continue as we invest in the opening of three AmeriHealth Caritas Iowa Community Wellness Centers, tentatively identified for Des Moines, Sioux City and Cedar Rapids. These centers will provide a location for members to receive health plan and non-urgent health services, administrative support and education, and act as a reliable source of interaction with AmeriHealth Caritas Iowa.

The AmeriHealth Caritas Iowa Community Wellness Centers will allow members to speak face-to-face with AmeriHealth Caritas Iowa staff, including care connectors, COS team members and a team of social service experts who will assist members in navigating complex healthcare and social service systems throughout the state. To promote a holistic approach to our members, the social services unit experts will also help members locate services for other basic needs such as food, clothing and shelter.

Through the Community Wellness Centers, AmeriHealth Caritas Iowa will work with community partners to facilitate events like healthy cooking demonstrations, fitness classes, health education programs and Stakeholder Advisory Council and provider meetings. In addition, we will utilize the center to connect members and others in the community to resources for workforce trainings, free computer/Internet use, help with tax preparation, financial aid and other workshops that provide the tools to empower them to take action.

The AmeriHealth Caritas Iowa Community Wellness Centers will look very similar to our First Choice Community Center in South Carolina, which has served over 14,000 members over the last five years. The

Center has a dedicated on-site team. Here, members are educated on how to better understand their benefits and navigate the complex healthcare system. The Community Wellness Center also provides members the opportunity to receive face-to-face assistance when re-determining their Medicaid eligibility to help maintain their continuity of care.

Below is a photo from our First Choice Community Center in South Carolina where members are educated on how to stay healthy. Also below is an overview of AmeriHealth Caritas Iowa Community Wellness Center services.



Exhibit 8.1-A: Educational event at First Choice Community Center (South Carolina)

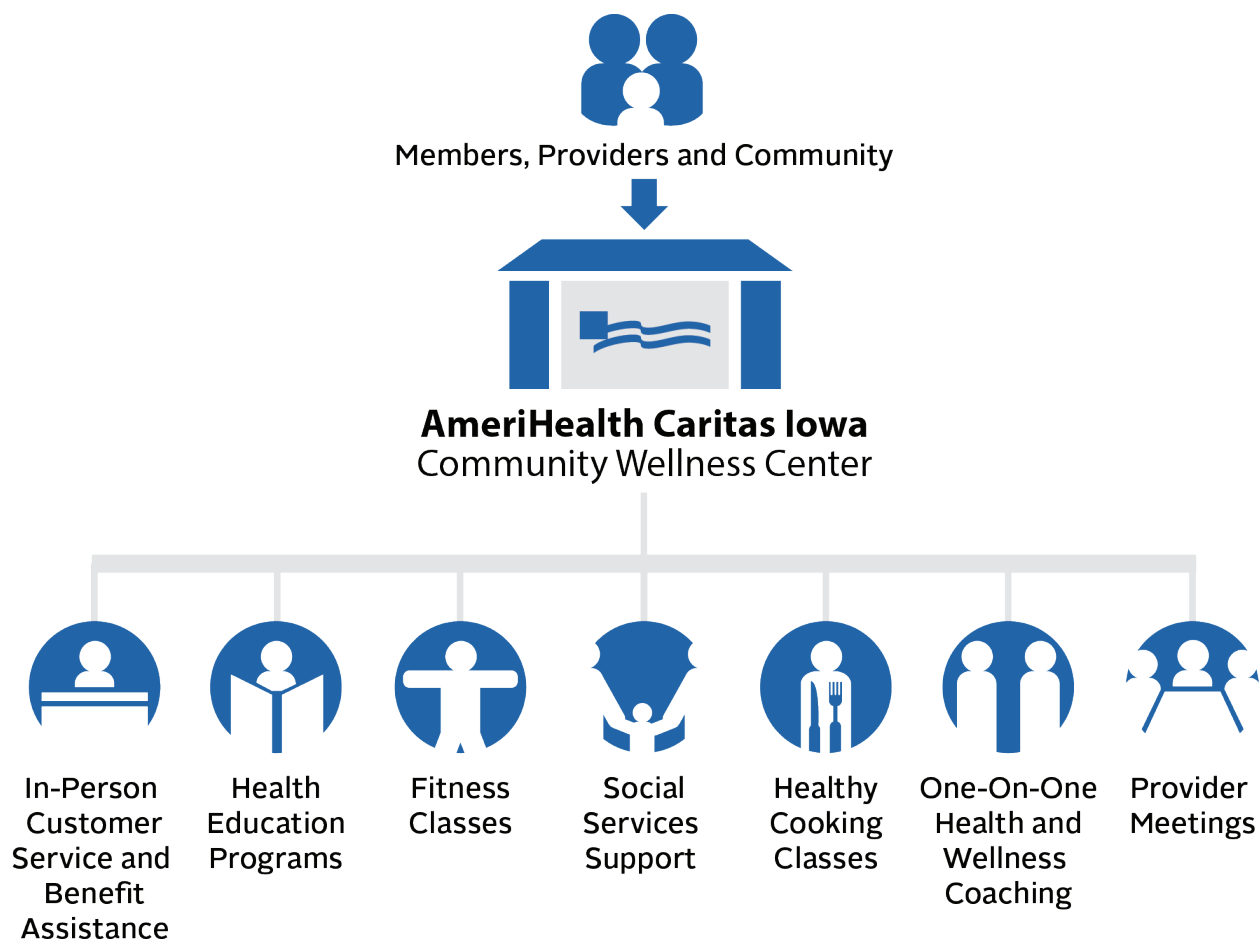


Exhibit 8.1-B: Overview of AmeriHealth Caritas Iowa Community Wellness Center Services

Our assessment of where to locate our community wellness centers considers:

- The Vulnerable population's footprint in the community to maximize access to the centers to Iowans who are below the poverty line.
- Community health needs, including estimation of the volume of impactable preventable hospital events and lack of access to primary care.

We have found that with our extensive experience in their design and implementation, our community centers can effectively help support member engagement and outreach, preventive care, access to care and, ultimately, drive positive health outcomes.

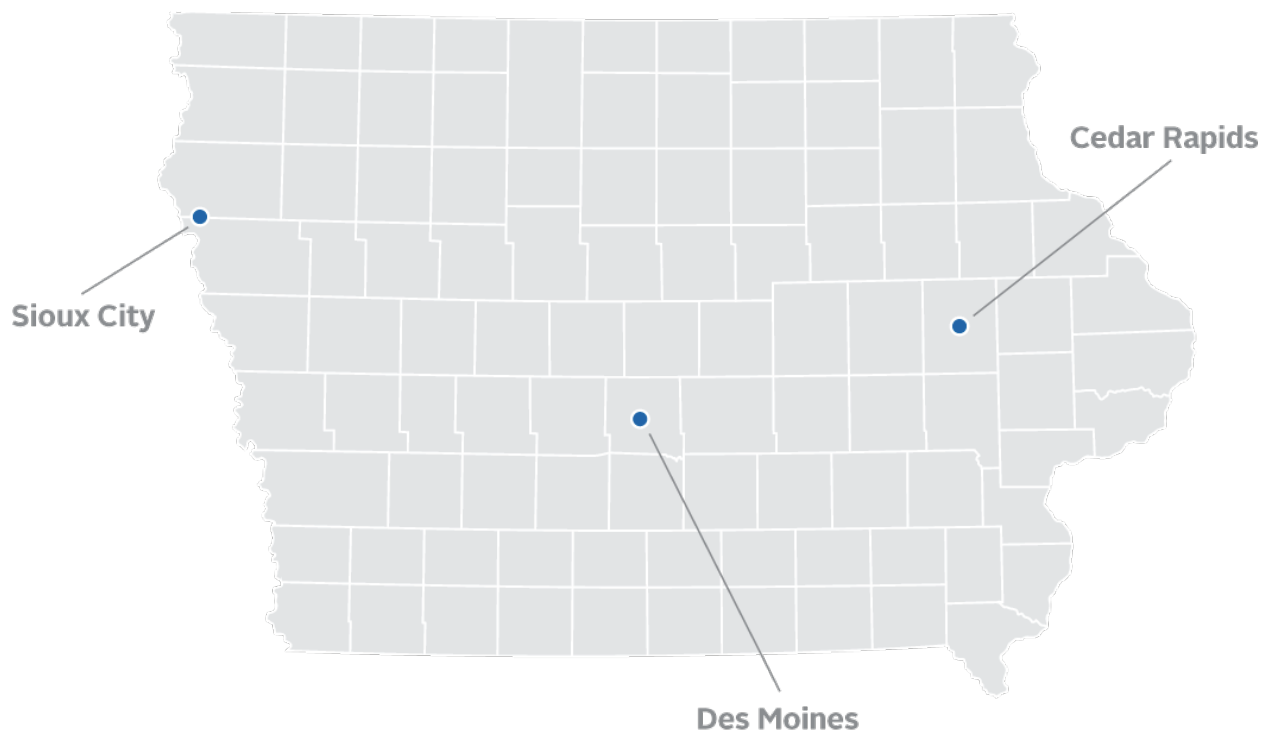


Exhibit 8.1-C: Proposed Community Wellness Center locations in Iowa

AmeriHealth Caritas Iowa Community Outreach Solutions (COS) team

AmeriHealth Caritas Iowa will recruit, hire and train a COS team. The COS team will be a dedicated group of associates that will locate and engage difficult-to-access members. The COS associates will live and work in targeted geographic areas where a high number of chronically ill members reside and with whom maintaining contact is challenging.

The COS team will serve as AmeriHealth Caritas Iowa's "feet on the street," making outreach visits to members' homes when traditional outreach has failed to establish contact by more traditional means, such as phone or mail. For example, at AmeriHealth Caritas' affiliates in Philadelphia and the District of Columbia, the COS teams have reached out to over 10,000 households in each health plan in the past year. These members often have multiple chronic conditions that require frequent medical care or health screenings, and associated gaps in care. These members usually have not had a primary care visit within six months.

Approximately 50 percent of a COS associate's time in Iowa will be spent supporting Intensive Case Management (ICM) members with chronic and co-morbid conditions based on the Chronic Illness and Disability Payment System (CDPS) model. The COS associates will be deployed when the claims reports reflect that a member has not been seen by their PCP or specialist within a six-month period.

The other 50 percent of the COS team member's time will be spent supporting Medical Management by re-engaging contact with members. The COS team will support these members by helping them complete health assessments, schedule medical appointments, provide health education and reconnect the member with case management and Rapid Response teams, a team (detailed later in this response) that is available to assist with a variety of member-related concerns (e.g., housing, acquiring medication and arranging transport).

COS Team Time Distribution

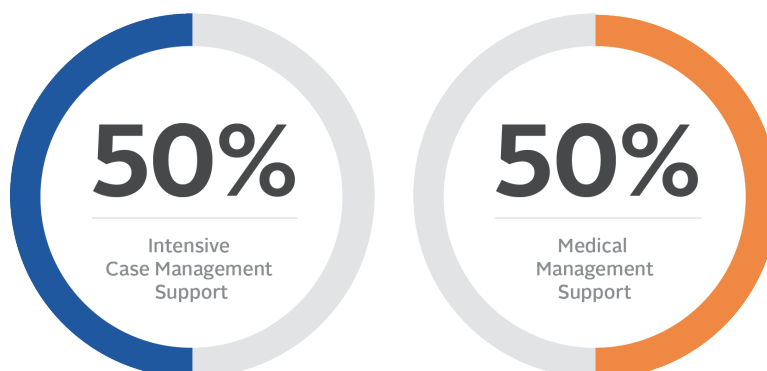


Exhibit 8.1-B: COS Team time distribution

Example of the COS team following up on high-risk discharges

After two unsuccessful attempts to contact “Crystal,” a 42-year-old woman with diabetes who had two inpatient admissions in 30 days, the care manager (CM) sent a COS worker to track Crystal down. The COS worker discovered that Crystal had moved and was able to establish contact at Crystal’s new residence in Philadelphia.

Crystal still had not seen her PCP after her most recent hospital discharge, and reported that she was having difficulty getting an appointment. The CM made a three-way call, linking the member and the physician office to schedule an appointment for three days away. After verifying that Crystal had transportation available, the CM talked with her about the need to have an eye examination due to her diabetes, and gave Crystal contact information for community resources, including a discount voucher, to help her obtain glasses. The CM verified that Crystal had the diabetic supplies and medications she needed and understood how to test her blood sugar and take her medication. Despite the fact that Crystal declined further assistance, the CM verified that Crystal attended the PCP appointment and reinforced the CM’s availability to help in the future if additional needs arise.

COS team maternity outreach specialists have a specific role in supporting the Bright Start® program (detailed further in 8.7). They visit members needing postpartum care, schedule appointments, coordinate transportation and provide parenting and infant care education for new mothers, which will be critical in states, such as Iowa, that struggle with OB/GYN access.

COS team postpartum follow up at a member’s home

Jaime, an AmeriHealth Caritas COS worker in Pennsylvania, went to see “Lily” after Lily and her new baby boy, “Mark,” came home from the hospital. Jaime’s goal was to ensure that Lily had an appointment for postpartum care, and that she set up an appointment with a pediatrician for her new son. While in the home, Jaime talked with Lily about care needed for her new baby. Lily, who recently moved from another State, was not aware of services available through the Women, Infants and Children (WIC) program. Jaime helped get an appointment for Lily and Mark with the local WIC coordinator, providing an extra level of support for the new family.

AmeriHealth Caritas Iowa COS team goals:

- Meet and exceed HEDIS results.
- Meet and exceed membership projections.
- Reduce health disparities.

COS team example outreach: general health screenings at AmeriHealth Caritas Iowa community events

Heart disease, cancer and diabetes are among the top 10 causes of death in Iowa according to the Iowa Department of Public Health. AmeriHealth Caritas Iowa will execute general health screenings to promote awareness and prevention. The COS staff will leverage our relationships with community-based organizations, churches, schools, providers and local housing authorities to target our members who are non-compliant for HEDIS measures in an effort to facilitate health screenings, provide education, close care gaps and reconnect members with their PCPs. These community health events provide members with the following screenings: total cholesterol, HDL, LDL, triglycerides, glucose, HbA1c, BP, pulse rate, height/weight, dental, adolescent well visits and body mass index (BMI).

Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) initiatives

There are currently 13 Federally Qualified Health Centers (FQHCs) in Iowa, including 12 community health centers and one migrant health center. Iowa has one additional community health center classified as an FQHC look-alike. Each of the 14 centers is an Iowa safety net member.

In order to improve engagement of children under the age of 21, AmeriHealth Caritas Iowa will collaborate with FQHCs and large physician practices to plan and create an event where we will assist with scheduling non-compliant members and provide incentives to promote adolescent well visits and dental screenings to improve HEDIS results. Due to this cohort's high concentration of noncompliant membership, our team will engage the FQHCs through ongoing collaboration with programs utilized in AmeriHealth Caritas's other health plans outlined below (with additional program examples listed in 8.7). We have actively engaged Iowa Primary Care Association leadership and they are partnering with us to develop programs designed to better support members. (A reference letter from the association is available in Tab 5 of our response.)

AmeriHealth Caritas' State Social Services Expert Unit

AmeriHealth Caritas understands that social determinants significantly impact healthcare outcomes and costs for Medicaid recipients. Our team coordinates the delivery of physical and behavioral clinical care with essential social services like housing, food, education and employment. These different sectors, working along with local community involvement, can promote and advocate for better coordination as a way to maximize impact on the health outcomes of individuals and communities. Coordination efforts can be directed toward improving access to and linkages of services, reducing the fragmentation and duplication of services and increasing the individual's positive experience of care.

AmeriHealth Caritas Iowa will implement a dedicated State Social Services Expert Unit staffed with individuals who have skills that include community development, public policy and social service sector work. AmeriHealth Caritas Iowa staff will provide strategic and operational leadership and work through existing health plan infrastructures, including but not limited to, AmeriHealth Caritas Iowa care management services, community offices, community health educators, provider network management and data analytics.

This team will be accountable to:

- Establish and maintain relationships with State officials and regional social services agencies, public health authorities and key community-based organizations to seek out collaboration for access to and delivery of services to meet non-clinical member needs. Potential interfaces may include referral, information exchange, educational sessions, co-location of services, formal and informal coordination agreements, aligned financing and payment models, proposals for funding, technology solutions and other quality improvement projects.
- Support the inventory, development and maintenance of regional community asset maps, including the technology infrastructure to support the query, referral and tracking of services for members. As gaps and opportunities are identified, strategies will be implemented to better meet the needs of all stakeholders.
- Serve as an in-house resource to all AmeriHealth Caritas Iowa staff to ensure maximal uptake and coordination of these services as well as provide training for associates and Contracted providers.
- Build and monitor escalation processes in response to identified member needs and serve as resource for associates working with members with complex needs.
- Participate with local, regional or State initiatives aimed at improved coordination of services, as well as advocacy in response to social service needs of our membership and their communities.

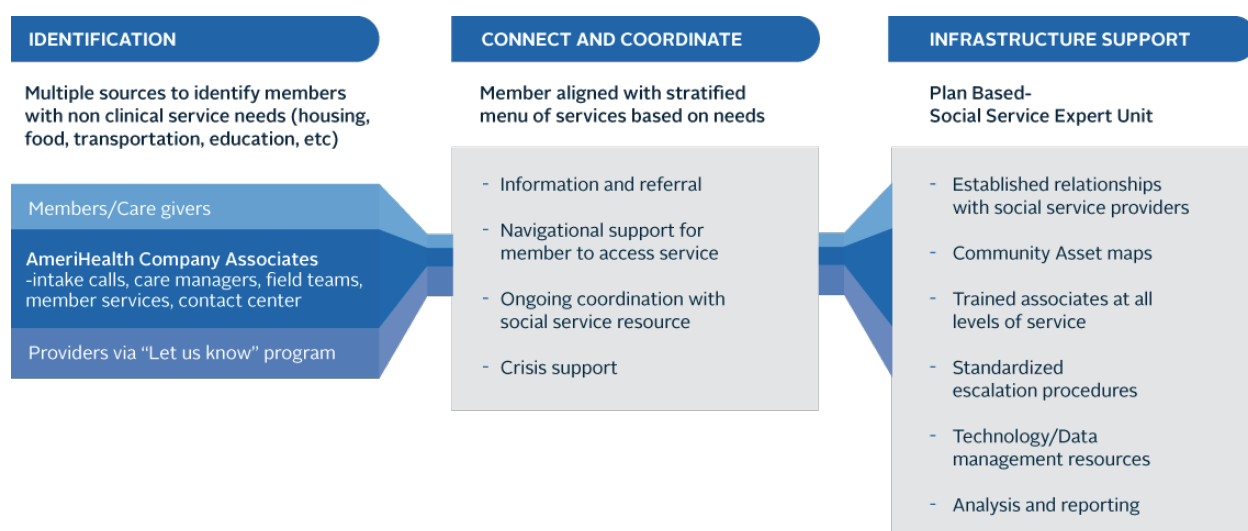


Exhibit 8.1-C: AmeriHealth Caritas' State Social Services Expert Unit

8.2 Member Communications

1. Describe your overall strategy for communicating with members.

As stated in section 8.1 above, AmeriHealth Caritas Iowa is building community partnerships throughout the State. These partnerships will facilitate communications with our Iowa members and their communities as we accelerate awareness, earn trust and build a system of care delivery that will improve health outcomes.

These relationships enable grassroots organizations like the Central Iowa Shelter & Services, Mainstream Living, The Arc of Story County, Public Health Association, and Coalition for Family and Children Services to

align with our mission as we work together to promote community engagement in health awareness, health education and health activities. These collaborations will further improve health equality, reduce poverty conditions and increase overall community wellness for both our members and populations at large. Partnerships include, but are not limited to, organizations that serve our communities in education, economics, housing, healthcare-related services, food and social services.

Access to information and care is one of the most important and valuable core deliverables we provide for our members. It is the driving force behind our “no wrong door” approach to member engagement. Enabling access to AmeriHealth Caritas Iowa through multiple channels while providing a seamless customer experience will drive our next generation of healthcare delivery. It will turn a one-way communication into a two-way conversation and enhance our ability to provide a wide array of services and supports regardless of how a contact occurs.

AmeriHealth Caritas understands that digital channels are critical and that 35–40 percent of Medicaid members, nationally, have smartphones. One of our digital premises is reaching members through their mobile devices, without requiring them to use their data plans to get healthcare information. We are also focused on creating innovative solutions that are sensitive to our members’ concerns. We have a robust mobile strategy centered on extensive research through focus groups and other sources, to most effectively meet our members in the right place, with the right information, at the right time.

Texting to support member outreach

We piloted a member texting program at our Washington, D.C. affiliate to improve communication and increase the level of member engagement. In Iowa, text messaging will allow AmeriHealth Caritas Iowa to connect with members in a faster, timely and less expensive way than traditional telephone calls.

Depending on the coverage area, texting has many applications, such as:

- Reminding members about follow-up visits.
- Prescription refill reminders.
- Targeted reminders to help members manage existing conditions.
- Reminding members of redetermination requirements.

AmeriHealth Caritas’ multi-channel consumer engagement

Understanding that our members are increasingly utilizing communication alternatives to phone and mail contact, AmeriHealth Caritas has created a multi-channel, customer-engagement program that utilizes text, email, chat and other mobile and Web-based communications, in addition to traditional phone and mail, which may still be the preferred mode of communication for our Long Term Services and Supports (LTSS) members. Our information platform provides the materials and tools necessary to support a full spectrum of integrated customer service, from benefits and eligibility to gaps in care and scheduling appointments. Additionally, our customer service representatives (CSRs) are equipped with information regarding additional social services and support available through various State and local agencies to assist our members in accessing help that may fall outside of the Medicaid program.

Illustrative use case:

“Linda” misplaced a letter from her State Medicaid agency indicating that she needed to provide documentation to ensure she remains eligible for the Medicaid program. Concerned that she may miss the deadline, Linda calls the toll-free number that has been loaded into her phone contacts via a push notification from the AmeriHealth Caritas Iowa mobile phone app. (The app gives the member the option to accept or reject push notifications; Linda accepted.)

After verifying her contact information with the AmeriHealth Caritas Iowa CSR, Linda provides some minor details that she can recall from the letter, but isn’t sure what she was being asked to do. The CSR searches her integrated desktop system for known State correspondence going to Medicaid recipients and finds that Linda likely received a redetermination letter.

The representative reviews Linda’s eligibility information and determines that Linda is up for redetermination and must submit documentation by the end of July. With Linda’s consent, the CSR emails Linda a link where Linda can find the instructions for submitting verification documentation.

The CSR also is prompted by the system that Linda’s son “Michael” is several months overdue for his regular Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening. Linda explains her hectic life and that she is now in school several days a week, in addition to her part-time job. Using the online appointment calendar of her son’s PCP, the CSR assists Linda in scheduling the appointment and offers help with transportation. An automatic confirmation of the appointment is sent to Linda’s email and phone.

Before closing the call, the CSR notes that there is an upcoming AmeriHealth Caritas Iowa-sponsored health fair near Linda’s home that she and Michael may enjoy. The call is closed and the CSR ensures that all of the information gathered and shared is recorded and archived appropriately in the system.

Two days later, Linda is on the AmeriHealth Caritas Iowa website and is reviewing the instructions for redetermination. She is still a bit concerned about exactly what she must do when a chat request from a CSR pops up on the screen. Linda connects and asks for assistance before deciding to call the AmeriHealth Caritas Iowa phone line to speak to someone live. The CSR walks Linda through the instructions and Linda confirms she understands. The CSR reminds Linda of Michael’s appointment and asks if there is anything further she can do for Linda. The call is closed with all activities and information gathered, shared, recorded and archived.

The following week, and three days before Michael’s appointment, Linda receives a text message and email confirming the appointment with the doctor’s name, address and time of appointment. Upon arriving at the doctor’s office, Linda cannot find Michael’s member identification (ID) card. Using her AmeriHealth Caritas Iowa mobile phone app, which has her and her son’s member ID card available electronically, the office is able to make a copy of the card image and verify eligibility.

Linda sends an email thanking the AmeriHealth Caritas Iowa team for their assistance, but notes that her wait in the office was too long and that she was not happy with the experience she and Michael had with the doctor. An AmeriHealth Caritas Iowa CSR reviews the email and sends notification of Linda’s issues through the Provider Complaint team to the doctor’s office for follow up. The office reports that an emergency that day created a long wait for scheduled patients — no other complaints are found regarding the doctor’s services. This information is recorded in the system for tracking provider compliant trends and noted in Linda’s information, as well.

An AmeriHealth Caritas Iowa CSR calls Linda to inform her of the reason for the delay. Linda indicates that no further action is necessary.

As mentioned earlier, AmeriHealth Caritas Iowa will recruit, hire and train Community Outreach Solutions (COS) team members who live and work throughout Iowa to provide comprehensive education and on-site presence at service agencies and provider offices. The goal of the COS team will be to provide sensitive, compassionate support to members. The team will use proactive retention and care coordination strategies to help support continuity of care, reduce churn and control rising healthcare costs by increasing access to preventive care.

In Nebraska, the COS team serves as Arbor Health Plan's "feet on the street" by furthering the company's mission to help people get care, stay well and build healthy communities. In addition, the team distributes information about health-related events and screenings that are scheduled in our members' communities.

Arbor Health Plan is the only managed care organization to have its COS team participate in an extensive 10-week community health worker training course, which is led by DHHS and designed to provide a baseline understanding of the role of patient navigation for community health workers. AmeriHealth Caritas plans to roll out this same training in Iowa.

The Arbor Health Plan's COS team is responsible for:

- Try the Y Program — A collaboration among Arbor Health Plan and select YMCAs across the State that allows our members to use their local YMCAs at no cost during a 90-day period. In 2014, five YMCAs in various parts of the State participated in the program, resulting in 182 households and 646 people who took advantage of the program over the three-month period.
- Community Baby Shower — An event that involves community partners and engages mothers-to-be in rural Nebraska. Attendees receive education and guidance on how to stay healthy during pregnancy and receive dental and health screenings.
- Arbor Angels — An employee-led committee that directs a portion of the company's charitable contribution dollars to individuals and families requiring assistance. Arbor Angels identify people who need assistance as part of our annual Adopt-a-Family tradition, which has allowed employees to shop for, wrap and deliver gifts to people in need over the holiday season. In total, Arbor Health Plan has helped make the holidays a little brighter for 22 children and 12 adults.

2. Describe your plans to provide oral interpretation services and translated written information and how you intend to notify members of the availability of these services and how to obtain these services.

AmeriHealth Caritas values diversity and understands that language barriers can play a role in health disparities. As such, we ensure that every member is aware of and has access to oral interpretation services and translated written information. All member materials include a language tagline in State and regional predominant languages, explaining the availability of all of our AmeriHealth Caritas materials in any language requested (AmeriHealth Caritas Iowa will utilize an external translation specialist to provide written translation). Our materials also alert members that they may call our member-service, toll-free number for assistance at any time and will receive that assistance in their primary language, either through a bilingual CSR or through the use of interpreter services.

Our CSRs and COS staff are alerted to the members' primary language through our integrated member data system to ensure members are addressed through their appropriate preferred language. This will also prompt our AmeriHealth Caritas Iowa representative to ask the member if they are in need of face-to-face interpretation services for provider visits. In addition, availability of interpretation services for provider visits is noted in our Member Handbook and welcome kit. To identify emerging languages, AmeriHealth Caritas' Medical Economics department provides input on the language needs in a State semi-annually

based upon demographics to determine threshold languages — five percent of the member population or 1,000 members, whichever is lower.

AmeriHealth Caritas maintains a current demographic and cultural profile of our members. We use this to profile health plan services. AmeriHealth Caritas Iowa will continually monitor the needs of our members by reviewing monthly demographic reports that include racial, ethnic and preferred language information.

In our analysis of the Iowa population, we have found that most of our prospective members speak English or Spanish. Accordingly, all welcome packet components will initially be made available in at least these two languages. In addition, we will hire certified bilingual community health educators to communicate with members in Spanish. Realizing there are emerging populations in Iowa, such as Sudanese and Bosnian in central Iowa, we will also solicit and respond to member requests in their preferred language. As an example, in response to members in Louisiana, we created an expanded language tagline for inclusion in the member newsletter once a year. In addition to Spanish and Vietnamese offered in Louisiana, we mention the availability of translations in Arabic, Brazilian, Portuguese, French, Nepali and Burmese.

For any population meeting the standard Medicaid threshold (at least five percent of members speak the language), we will translate all written member materials into the language spoken and add taglines to materials in the appropriate language informing members of their right to free interpretation and translation services. Even for language needs in less than .01 percent of our member populations, members will be able to call and request material in their preferred language.

Robust language support

We strive to ensure that the material we provide can be understood and absorbed by our members. However, effective communications are never one-sided, and we want to understand what members have to communicate to us. To achieve this goal, we utilize the services of Language Services Associates (LSA), which facilitates communication with members in more than 200 languages. We monitor the language line to identify emerging population trends. Through our annual language access services survey, AmeriHealth Caritas Iowa will survey a sampling of members, providers and internal associates to gain feedback on the provision of our language services.

When members who need alternative formats are identified, a third-party vendor provides translation and interpretation services. In-person American Sign Language interpretation at appointments will be made available to members who are hearing impaired. We work closely with our LSA vendor to record languages needed, amount of time spent on phone with language translators and increases in requests for certain languages. As those trends are identified, we will know which languages we need to add to our translation of written materials.

In 2014, AmeriHealth Caritas:

- Provided nearly 44,000 language translations.
- Completed nearly 623,000 minutes (10,383 hours) of translation services.
- Spent nearly \$582,000 to meet our members' language needs.
- Identified the top translation services are for the following languages: Spanish, Arabic, Vietnamese and Mandarin-Chinese.

3. Describe your plans to provide all written materials in alternative formats and how you will identify members needing alternative formats.

AmeriHealth Caritas Iowa will ensure that members, regardless of language preference or any sensory impairment, fully understand the services of the health plan and are well prepared to access healthcare

services. We will ensure that all member education materials are easy to read and culturally sensitive. AmeriHealth Caritas ensures all member materials, including new member materials, letters, health education materials, website content and reminder postcards, meet fourth-grade reading level requirements, using the Flesch-Kincaid Index to assess and validate the reading level. As noted above, we include language taglines on all member materials alerting members that materials are available in other languages and formats.

Ensuring alternative formats

Member materials are available in multiple alternative formats, including Braille, large print, compact disc or audio tape, as well as WAV and MP3, to accommodate members with sensory impairments. Members with a hearing impairment will be able to call AmeriHealth Caritas Iowa's toll-free teletypewriter/telecommunication device for the deaf (TTY/TDD) number to request materials in an alternative medium. This line will be accessible 24 hours per day, seven days per week.

Members will also be able to contact AmeriHealth Caritas Iowa via the Relay Iowa service. Through this text-to-voice/voice-to-text service, assistants will facilitate communication between TTY/TDD and voice telephones by voicing everything typed on TTY/TDD and typing everything voiced on the conventional telephone. All calls will be strictly confidential.

Identifying members needing alternative formats

AmeriHealth Caritas Iowa will collect self-reported race, ethnicity and written and spoken language preference for each member and ensure that this information is available to all AmeriHealth Caritas Iowa staff engaging with members. We will also have processes in place to accept and archive data provided from State-approved enrollment files that indicate the member's preferred language and special needs, which has included Braille for blind members and American Sign Language for those who are hearing impaired.

4. Describe your policies and procedures for ensuring materials are accurate in content and translation.

AmeriHealth Caritas member materials are developed by associates who have undergone comprehensive annual training in cultural competency and are instructed in health literacy and reading-level requirements. Our writers use a toolkit adopted from the work of the Partnership for Clear Health Communication at the National Patient Safety Foundation to ensure that our communications to members are easy to understand and culturally competent.

Review of materials

All AmeriHealth Caritas Iowa draft member materials will be edited for readability and reviewed through a two-step internal review process prior to submission for State approval. Our Editorial Review Committee will conduct an initial review to ensure that all materials meet our own strict standards for cultural competency and health literacy. Representatives of our Regulatory, Compliance and Legal Affairs teams will conduct a second review to verify compliance with regulatory and State Contract requirements. Our internal material production management system will ensure materials have the required approvals from internal stakeholders, as well as from the Iowa Department of Human Services (DHS), before they are printed or distributed. Our process will include documenting reviews and approvals before final production can commence. After approval by DHS, materials will be sent to our language services vendor for translation. All language service vendors will provide their process for certification and quality assurance on an annual basis.

5. Provide sample member enrollment materials as described in Section 8.2.6.

AmeriHealth Caritas Iowa's member enrollment materials will fulfill all of the needs set forth in Section 8.2.6 of the Scope of Work. AmeriHealth Caritas Iowa will engage with its members to best manage their health and ensure each has the necessary information and tools to access quality care and maximize wellbeing.

Samples of the following are provided as an attachment to the end of this section:

- Welcome brochure example: Attachment 8.2-A.
- Member Handbook example: Attachment 8.2-B.
- "How and where to get help" member overview: Attachment 8.2-C.

6. Describe your processes for identifying significant changes as described in Section 8.2.8 and notifying members of such changes.

Significant changes, depending upon their nature, can be identified in advance through multiple channels within our systems. Our robust information technology (IT) systems and business processes will help flag when a significant change is set to take place in our system (such as a change in policy or restriction in provider coverage) and which members it will affect.

A minimum 30-day advance notice is standard across all AmeriHealth Caritas health plans; however, we will work to meet any required time frames set forth by DHS. As discussed in 8.2 of this response, we are able to provide notifications to members through various channels (e.g., text, email, phone, mail) and will do so in their preferred method. Standard communication to members is by first-class mail with the mailer/letter being pre-approved by DHS. Under certain circumstances, and with DHS advance approval, we may communicate significant changes through the member quarterly newsletter instead of a letter if timing of the newsletter's mailing is at least 30 days in advance to the change. In addition to notification by first-class mail, the changes are made to appropriate member materials such as the Member Handbook, website, policies and procedures, and other member materials.

8.3 Member Services Helpline

1. Describe your plans for the Member Services helpline, including the days and hours of operation.

The Contact Center of Excellence (CCOE) member services helpline will operate 24 hours a day, seven days a week, 365 days a year. Members will also have 24/7/365 access to speak with a medical professional through the Nurse Call Line that is available to handle health-related questions or determine if immediate medical help is necessary. Member services include inbound inquiries and outbound calls (welcome, health risk assessment and wellness) with inbound inquiries handled through our Philadelphia service center, and outbound calls through our Jacksonville service center. For business continuity purposes, all calls can be transferred to any of our service centers located in Philadelphia, Jacksonville and Salt Lake City.

CCOE uses best-in-class technology and practices including skills-based routing of calls to the most appropriate expert to meet our members' specific needs, 100 percent call recording and automated call documentation, real-time call auditing and monitoring to ensure the highest quality of customer service, and member alerts, including care gaps alerts for every member of the household.

CCOE represents one "door" through which members can access AmeriHealth Caritas Iowa. It will be designed to accommodate members who prefer phone interaction. It will also serve as a way to introduce

members to our additional services, such as the COS team, the Social Services Experts Unit and AmeriHealth Caritas Community Wellness Center associates.

2. Describe the process you will utilize to answer, route, track and report calls and inquiries. Indicate if an Interactive Voice Response (IVR) system is proposed.

AmeriHealth Caritas' Automatic Call Distributor (ACD) system is preset to direct calls based on a hierarchy of skill sets or expertise necessary to appropriately handle calls and resolve caller issues. The ACD is a telephone facility that manages incoming calls and routes them based on the number called and the associated database handling instructions. This system allows us to track and monitor all incoming calls and adjust staff levels as needed to accommodate call spikes. More importantly, it provides us with the capability to direct calls to the most appropriate representative based on the nature of the call and member data. For instance, a member calling for a replacement card may be routed to a representative rather than offered a self-service option if they have gaps in care or members of their household needing services. A member with a chronic condition not adhering to a treatment plan may be routed directly to the Medical Management team.

Within our system, an Interactive Voice Response (IVR) will be used to support automated, self-service call routing for members and providers to obtain answers to questions, such as member eligibility, claim status or requests for new ID cards.

The automated routing begins tracking in-bound calls at the point which the member or provider selects among various options. Once the selection is made, the calls are queued and routed to the next available phone line in each skill set. Information tracked for each call includes call-waiting time, off-phone time, hold time and abandon time. To help support management and reporting, a standard set of statistics and reporting levels are available for all call center management to utilize. All calls will be recorded and documented.

3. Describe your plans to provide services for the hearing impaired and non-English speaking population.

AmeriHealth Caritas understands the importance of communicating effectively with members who have very limited English skills or who are hearing impaired. In addition to representatives communicating in English, AmeriHealth Caritas Iowa will provide bilingual services for Spanish in-house, including via a 24/7 language service line. Additional languages are added as needs are identified.

To assist callers who require other language assistance, AmeriHealth Caritas Iowa will utilize the services of Language Services Associates (LSA), which enables customer communication in more than 200 languages. The representative will facilitate a three-way call between the members and LSA. This service will be available through our CCOE at no charge to members. Our years of experience in providing service to the Medicaid population have demonstrated that members prefer to speak with someone who speaks their language and understands their cultural needs. LSA employees understand the specific needs of the Medicaid population, which helps ensure the call meets the member's needs.

CCOE will have the technology to respond to TTY/TDD calls. A desktop application will be loaded on the representative's desktop, where the representative logs into a TTY/TDD server. This will allow for sharing central TTY modems over a network. When a call is received, an alert will appear on the desktop to notify the representative that a call is waiting. This optimizes call-handling procedures, because the representative will be equipped to handle an incoming TTY/TDD call without the need for additional equipment. The TTY/TDD line will be available 24/7.

As we continue to innovate to serve our members, AmeriHealth Caritas is building chat capabilities to help support the hearing impaired, as well as the broader population. We expect to have these capabilities available to our members in early 2016.

Giselle Correa is an AmeriHealth Caritas' bilingual associate in Jacksonville, Florida. Recently, Giselle received a phone call from a Spanish-speaking member, "David" who had just been moved to a managed Medicaid plan. David began to outline his challenges to Giselle:

First, there were multiple issues with securing medical help for David's liver-related health issues. He could not find a provider who would treat him due to the language barrier. David had been going to the emergency room (ER) for regular doctor's visits since this was the only place that seemed to have someone who could speak with him in Spanish.

Second, David shared with Giselle how he was on a tight, fixed budget and could not afford to feed himself. David said he was eating only every other day.

Third and finally, David told Giselle he had had enough with his health issues and his inability to feed himself, and that he was going to use one of his guns to take his life.

Giselle, while still talking to the member, signaled her supervisor who listened in on the call and encouraged Giselle to keep talking to the member. The supervisor notified our, Rapid Response Team, and explained the challenges the member was experiencing and the language barrier. The manager of the Rapid Response team, bilingual and trained for these types of escalated situations, asked for the call to be transferred directly to her. While Rapid Response continued engaging the member, Giselle's supervisor contacted the local police department and law enforcement was dispatched to the member's house.

Through coordination with law enforcement and help from the Rapid Response unit, David did not take his life. A bilingual case manager was assigned to David and helped him with access to care issues, both with a new Spanish-speaking PCP and by arranging an interpreter for the member when he saw specialists. The Rapid Response team worked with a local food bank to ensure that David also received assorted food packages to help supplement his diet.

4. Describe your training program curriculum and training process for call center staff.

Initial training

The training process begins with our recruitment strategy, even before official hire. Recruitment is executed with the goal of identifying candidates who already possess the necessary experience and skills that will translate to providing high-quality customer service to our members. A major step in our recruitment process is our testing for upfront skills and computer proficiency. Every CCOE candidate must pass this test to be considered as a potential applicant and move forward with the interview process.

From the first day of employment, trainees are prepared to become an integral part of CCOE. Our dedicated Training Unit conducts an extensive training program for new hires. The New Hire Training program consists of five weeks of classroom instruction, as well as side-by-side, on-the-job training.

Examples of initial training topics

- Iowa geography, including correct pronunciation of place names.
- Iowa-specific Medicaid benefits.

- Key contact numbers, such as the enrollment broker and DHS.
- Healthcare fundamentals.
- Healthcare terminology.
- Medicaid basics/program overview.
- Member eligibility.
- Soft skills.
- What it means to provide superior customer service.
- How to handle member complaints and dissatisfaction.
- How to handle difficult members.
- How to handle a member with limited English proficiency skills.
- Diversity and cultural competency.
- Corporate compliance, including HIPAA.
- Use of core technology and system.
- Phone lab — supervised live calls.

All AmeriHealth Caritas Iowa CCOE staff will also receive Mental Health First Aid (MHFA) training. MHFA is included on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP). This program introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact and reviews common supports. This eight-hour course uses role-playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect members to appropriate professional, peer, social and self-help care. The program also teaches the common risk factors and warning signs of specific types of illnesses, such as anxiety, depression, substance use, bipolar disorder, eating disorders and schizophrenia. Like cardiopulmonary resuscitation (CPR), MHFA prepares participants to interact with a person in crisis and connect the person with help. First aiders do not take on the role of professionals — they do not diagnose or provide any counseling or therapy. Instead, the program offers concrete tools and answers key questions, like "What do I do?" and "Where can someone find help?" AmeriHealth Caritas' certified MHFA instructors provide a list of community healthcare providers, national resources, support groups and online tools for mental health and addictions treatment and support. All participants receive a program manual to complement the course material.

The training curriculum is a combination of instruction, illustration and application. Instruction via introduction to policies, procedures and system usage is facilitated during class lecture. Illustrations are utilized to reinforce topics covered during the class lecture, including policies, procedures and system navigation. Thereafter, training provides a hands-on opportunity to ensure the accurate application/demonstration of subjects learned.

Each class includes a phone lab that provides a progressive introduction to taking live calls. Collaboration with quality auditing occurs during this period. This segment concludes the training class, and as such, assists trainees in transitioning from their training experience to their respective departments.

Associate engagement and participation is encouraged throughout each stage of the program, which includes instruction, illustration, application and phone lab. In addition, activities and assessments are administered to confirm associate's understanding of principles shared, and each has a minimum requirement for passing. The question-and-answer technique is used in conjunction with recap in preparation for assessments. Each assessment is graded and reviewed. If results from the assessments identify opportunities, those topics are reinforced.

Trainees are audited for call quality and accuracy while in training. They are given feedback on calls and provided assistance with challenges before being released to the floor. Training and Quality Auditing staff, along with supervisors, meet with each trainee through coaching sessions at day 30, 60 and 90 to review overall quality scores, knowledge base and progress.

Ongoing training

Our seasoned representatives strengthen their skills through our well-rounded ongoing training program. All AmeriHealth Caritas Iowa employees, including representatives, will be required to attend a series of training sessions per year to meet their individual and departmental goals. The training courses can be related to specific issues in their department or other professional and career development training. Continuous learning is also supported through feedback sessions with supervisors and our Quality Assurance department on a daily, weekly and monthly basis. Cultural training is also performed and includes demographic and geographical overviews. This training will be regularly conducted by Iowa staff that has firsthand knowledge of regional nuances.

Examples of ongoing training topics

- Caring for customers.
- Creative decision-making and problem solving.
- Cultivating winning attitudes and countering negativity.
- Defusing emotionally charged situations.
- Handling difficult people.
- Handling conflict with tact and finesse.
- Team grammar — the essentials of English grammar for business.
- Helping your team work.
- Reaching for stellar service.
- Write better, quicker, clearer.

All associates are required to take annual compliance training regarding the code of conduct, fraud, waste and abuse (FWA) and HIPAA. Additionally, all AmeriHealth Caritas Iowa employees will be required to complete a cultural competency training program upon hire and annually thereafter. Employees also avail themselves of courses offered online to be followed at their convenience through Anytime Learning, a self-paced, online instruction program. Anytime Learning provides access to online reference materials and training on skills in many different areas. Modules include topics such as systems software skills, assorted business and accounting skills and various personal/professional effectiveness skills. It is aptly named Anytime Learning because it can be accessed anytime, from any location, for all our associates, 24 hours a day, 7 days a week.

Targeted training modules are developed specifically for customer service staff based on training needs. For ease of access, these courses are stored in a Web-based training portal that facilitates self-directed, self-paced, Web-based training for immediate on-the-spot instruction without having to utilize a trainer or individual training session. Customer service representatives can use both Anytime Learning and targeted training modules to address any refresher training need that is identified by their supervisor or themselves.

5. Describe your call center monitoring process to ensure helpline performance metrics are achieved.

CCOE's management team has an extensive list of real-time and historical reports that are used to manage performance. The Avaya telephony system comes with a suite of standard reports, as well as customizable reports that will allow AmeriHealth Caritas Iowa to monitor specifically defined performance requirements based on the specific service level expectations for Iowa. Multiple processes and systems are used to manage performance.

Workforce management

Performance management begins with the appropriate forecasting and staffing to meet the expected call volumes. CCOE has a sophisticated staffing model that utilizes the following assumptions to determine general staffing needs, such as calls per 1,000 members, membership, total average handle-time goals, off-the-phone time (OPT), shrinkage rate, average hold time and days per month. In addition, we utilize Verint technology to determine hourly and daily staff needs according to historical information and service goals. This data is critical to allow for quick staffing adjustments to meet call standards during high call volume.

We benefit from our service centers being located in multiple geographic locations. As a result, we are able to leverage additional staff in other geographical areas to address unexpected increases in call volume. Further, we partner with a third-party vendor who has the ability to ramp up quickly to address new business, new initiatives and unexpected increases in membership.

A dedicated Workforce Management team monitors individual and department performance measures including the following individual and departmental goals:

- Real-time adherence.
- Total average handle time.
- Average hold time.
- Off-the-phone time.

AmeriHealth Caritas will build upon its experience across the country to meet and exceed the Iowa service level requirement of 80 percent for incoming calls, calculated using the required equation to take into account calls answered or abandon after 30 seconds.

The metrics yielded from this monitoring process are favorable. Statistics for year-to-date performance for CCOE show an average speed of answer for AmeriHealth Caritas member calls of 15 seconds and an average abandon rate for AmeriHealth Caritas member-related calls of 1.09 percent. Our quality auditors have assessed calls to member services at a year-to-date score of 98.7 percent for quality and accuracy. This performance demonstrates our success in meeting our goals and outperforming State requirements.

Our processes, technology and experience give us the ability and agility to meet and exceed all contractual service level goals that may be required in Iowa. These processes allow us to identify and quickly correct service performance issues using intraday performance reports (30-minute interval). For example, when call volume exceeds the forecast and available staff capacity, overflow calls are routed to our additional member services centers.

Daily, weekly and monthly historical reports

Historical reporting is used to help forecast and track call trends, as well as monitor the performance of staff. A sample daily summary report is included as Exhibit 8.3-A.

Split/Skill Summary Interval - M1ENG

Report Edit Format Tools Options Help

Date: 4/3/2015

Split/Skill: M1ENG

Time	Avg Speed Ans	Avg Aban Time	ACD Calls	Avg ACD Time	Avg ACW Time	Aban Calls	Max Delay	Flow In	Flow Out	Extn Out Calls	Avg Extn Out Time	Dequeued Calls	Avg Time to Dequeue	% ACD Time	% Ans Calls	Avg Pos Staff	Calls Per Pos
Totals	:04	:06	738	5:20	:38	2	:48	2	2	288	1:28	0		12.68	99.46	25.6	29
8:00 - 8:30AM	:04		13	4:52	:24	0	:12	0	0	9	1:21	0		11.55	100.00	30.2	0
8:30 - 9:00AM	:04		25	5:46	:49	0	:11	0	0	7	1:49	0		14.42	100.00	35.7	1
9:00 - 9:30AM	:06		23	4:27	:23	0	:48	0	0	4	2:18	0		13.60	100.00	39.0	1
9:30 - 10:00AM	:05	:00	27	4:28	:44	1	:30	0	0	4	1:32	0		15.77	96.43	47.1	1
10:00 - 10:30AM	:05		40	6:30	:27	0	:22	0	0	19	:42	0		19.15	100.00	51.6	1
10:30 - 11:00AM	:04		53	6:09	:36	0	:15	0	0	15	:56	0		16.38	100.00	61.9	1
11:00 - 11:30AM	:05		46	5:55	:33	0	:14	0	0	21	1:23	0		17.89	100.00	62.0	1
11:30 - 12:00PM	:06	:12	60	4:46	:33	1	:25	0	0	25	1:39	0		17.53	98.36	62.0	1
12:00 - 12:30PM	:05		42	5:07	:50	0	:21	0	0	15	1:19	0		13.74	100.00	61.1	1
12:30 - 1:00PM	:04		47	5:03	:36	0	:08	0	0	17	2:05	0		17.58	100.00	60.1	1
1:00 - 1:30PM	:04		52	5:44	1:02	0	:08	0	0	36	1:21	0		20.46	100.00	60.0	1
1:30 - 2:00PM	:04		49	5:17	:41	0	:08	0	0	25	1:35	0		17.57	100.00	60.0	1
2:00 - 2:30PM	:06		47	5:19	:38	0	:35	0	0	21	1:15	0		14.96	100.00	59.0	1
2:30 - 3:00PM	:04		33	5:08	:45	0	:07	0	0	14	1:25	0		10.16	100.00	58.9	1
3:00 - 3:30PM	:04		47	5:22	:40	0	:12	0	0	16	1:34	0		19.23	100.00	59.0	1
3:30 - 4:00PM	:05		39	5:21	:49	0	:25	2	2	11	2:27	0		13.85	95.12	54.2	1
4:00 - 4:30PM	:04		25	5:24	:28	0	:07	0	0	15	1:37	0		9.21	100.00	54.0	0
4:30 - 5:00PM	:04		19	5:37	:18	0	:15	0	0	3	:25	0		9.48	100.00	35.2	1
5:00 - 5:30PM	:03		18	3:53	:16	0	:04	0	0	4	1:23	0		10.80	100.00	28.1	1
5:30 - 6:00PM	:04		14	5:23	:46	0	:11	0	0	1	6:24	0		10.28	100.00	24.3	1
6:00 - 6:30PM	:04		10	3:55	:11	0	:04	0	0	4	:41	0		7.23	100.00	17.4	1
6:30 - 7:00PM	:04		8	6:01	:21	0	:04	0	0	2	:47	0		11.72	100.00	13.2	1

Double Click To Run Format Table

PHILADELPHIA_ACD1

Exhibit 8.3-A: Example Avaya historical report

Quality assurance

In addition to silent monitoring capabilities, CCOE has defined criteria and protocols for quality monitoring and assurance. On a monthly basis, the call quality auditor reviews a random sample of calls, listening to conversations and reviewing what action the representative took in the system to ensure accuracy of responses and use of appropriate phone etiquette. AmeriHealth Caritas uses the Verint technology to record all calls and “screen scrape” so every activity performed on the call is captured. The screen scrape technology also captures any system activity generated by the representative during the call. The quality auditors audit 10 to 14 calls per month for each representative. This is a critical tool used when providing feedback to staff and for the quality process.

The Quality department provides feedback to representatives on a weekly basis. Specifically, the auditor verifies that incoming/outgoing calls were appropriately handled in the following areas:

- Proper verification of the caller’s identity.
- Accuracy and content of provided information.
- Courtesy.
- Appropriate handling of the call.
- Quality of documentation of calls.
- Phone etiquette.
- First call resolution.

Based on the quality scores, the supervisor will create an individual action plan for the representative. If trends are identified, the training department is engaged to provide refresher training. Quality grades are part of the CSR’s monthly feedback and their annual appraisal. The supervisor meets with every

representative monthly, or more as needed, to review their quality scores and address any issues. AmeriHealth Caritas standard for quality is 98 percent accuracy.

In addition, on a monthly basis, CCOE and AmeriHealth Caritas Iowa executive staff will complete call sample calibration sessions. This provides the local executive staff the opportunity to monitor a random selection of sample calls, provide feedback to staff on call quality and accuracy of information provided and assist with Iowa-specific background and information. Calibration monitoring will serve as a valuable opportunity for AmeriHealth Caritas Iowa to hear firsthand concerns expressed by members to CCOE. This information ensures that all programs and written material are developed effectively to tackle actual member needs.

Interacting with other customer service lines maintained by community organizations

AmeriHealth Caritas Iowa will maintain the telephone numbers for critical State, county or city organizations under the “Important Telephone Numbers” section in the Online Benefits Directory. Some of these organizations include United Way 2-1-1, Foundation 2, Iowa Substance Abuse Information Center (ISAIC), Iowa COMP, Long-Term Care Ombudsman, AAA Associations, as well as providers of utility assistance, housing assistance and homeless shelters. We will work with State, parish and city agencies to incorporate the information specific to their programs into our training program. If a member needs assistance in accessing other services during a call, the representative will perform a warm transfer to the specific agency to help advocate for the member. For example, if we are talking with a member who needs information about programs to prevent domestic violence, we will transfer them to the appropriate agency and/or our Rapid Response team. The Rapid Response team, our dedicated unit of staff trained in how to access social services in a particular region, will be engaged to provide in-depth assistance to the member. The Rapid Response team will help members access utility assistance programs, housing assistance, community support agencies and crisis hotlines.

Our affiliate, AmeriHealth Caritas Louisiana, collaborated with community support agencies when Hurricane Isaac hit in 2012. AmeriHealth Caritas Louisiana’s service center was open 24/7 to help members find shelter, assist them in finding providers that were still operational and help answer questions related to out-of-State care.

AmeriHealth Caritas recognizes the importance of integrating medical and social services to address all of the needs of its members. In Iowa, it is our goal to work with DHS to provide truly cohesive care. AmeriHealth Caritas Iowa intends to integrate critical social and community support data and information into the system to enable interfaces with community systems that make each member contact count. When a member calls, the representative will receive a screen alert that includes all of the member’s key information, care gaps, health initiatives and even services offered by local agencies. This type of system integration will greatly enhance the customer experience, as well as provide critical information to impact the member’s health outcomes and quality of life. For example, a contact with a member would not only prompt them to choose a PCP, but might also inform them of other services and supports for which they may be eligible or that are available in their local community.

After-hours procedures

Being able to reach a live representative after hours can produce better results than those achieved when these calls are handled by an answering service. Members receive better access to care and services, enhanced coordination between behavioral and physical health and better coordination with the 24/7

Nurse Call Line. Ultimately, this leads to higher member satisfaction. Accordingly, we will exceed State requirements by offering a CCOE that is staffed 24 hours a day, seven days a week, 365 days a year.

The same procedures utilized during normal business hours will be followed after hours. CCOE management employees, as well as a Utilization Management nurse and physician, will be available on-call to assist with any issues that may arise. Our after-hours services will ensure members receive access to needed services quickly, improving the overall quality of care and ensuring progress toward our goal of helping members get care, stay well and build healthy communities.

6. Describe your plans for a backup solution for phone service in the event of a power failure or outage or other interruption in service.

Member and provider services will be handled through a dedicated team in our Philadelphia service center, which will be specifically trained for the Iowa population. Staff located in our Jacksonville and Salt Lake City sites will also be trained to handle Iowa calls. As the AmeriHealth Caritas Iowa health plan grows, we will evaluate the possibility of locating a call center in Iowa. Redundancy of our service centers is supported internally with sites utilizing the same telephony platform and technology allowing us to switch calls immediately among sites, as necessary. In addition, our sites are located in different weather bands to significantly decrease the likelihood of concurrent events.

AmeriHealth Caritas' telephony infrastructure has a comprehensive back-up system with full redundancy capabilities. AmeriHealth Caritas Iowa will utilize the Avaya Single Image Switch architecture, a fully distributed Voice over IP (VoIP)-based phone system. This system provides feature transparency across AmeriHealth Caritas and also extends CCOE and other applications throughout the enterprise. The main Avaya Communication Manager server resides in Philadelphia, Pennsylvania and supports all AmeriHealth Caritas locations, including our data center and all affiliates. The secondary standby server is located in a separate location to ensure continuity of service. The Avaya Single Image Switch platform renders all sites fully capable of providing CCOE call handling for any type of situation.

This architectural design also takes into account survivability in the event of wide area network failures. If the AmeriHealth Caritas Iowa site was to lose connectivity to the main Avaya server, the local Avaya gateway(s) at the affiliate site would register to the local Avaya Communication Manager standby server. In essence, this site would function as a standalone PBX and would be fully capable of servicing calls.

In the event of a shutdown of the AmeriHealth Caritas Iowa site, full phone-system functionality would be achieved by the Philadelphia corporate site or any other affiliate location. Phone providers would redirect calls to such a location to provide seamless transition of call handling during any event. This functionality includes mitigating multiple service interruption scenarios, including floods and hurricanes, to maintain the uninterrupted function of member services.

7. Describe if any separate Member Services lines or staff will be used to address member needs by service type (i.e., physical health, behavioral health and long-term care (LTC) services).

To ensure easy and immediate access to AmeriHealth Caritas Iowa, one Member Services helpline number will be utilized for all members regardless of their service needs. Utilizing our intelligent call routing capabilities, members will be routed to the most appropriate representative or, if applicable, to our expert staff trained to address special needs or complex issues based on criteria such as the member's health risk, gaps in care, contact frequency and eligibility status. Members may also select the option to speak with a specialized representative at the outset of the call.

If necessary, and as described below, a warm transfer of the member to other internal and external departments, services or support areas will ensure our members receive the assistance necessary to address their needs. Representatives will have access to clinical staff to support them in managing a crisis 24 hours a day, 7 days a week.

8. Describe proposed entities to which you will be capable of warm transferring member calls.

Our warm transfer process will ensure a service representative stays on the line with both internal and external entities until all of the members needs are met. Examples of warm transfers currently in place are provided. This is not an exhaustive list and more can be built easily through our systems depending upon the needs of Iowa members.

Department/Service
Case management: For pregnant members calling about Bright Start program.
Case management: Use the extension for transferring members.
Foster care: Use for transferring DHS caseworkers needing orientations for foster care members.
Language line services.
Marketing/enrollment: For prospective members inquiring about joining AmeriHealth Caritas Iowa during normal business hours only.
Marketing/enrollment after hours: For prospective members inquiring about joining AmeriHealth Caritas Iowa during after-hours only.
Member services: Transfer to local teams, such as COS team, Social Services Expert Unit and AmeriHealth Caritas Iowa Community Wellness Center.
Member services/pharmacy issues: Use this extension to transfer members having pharmacy issues from outside of Member Services.
Member Services supervisors: Generally used only for elevation.
Behavioral health call center: Provider-only inpatient behavioral health management/inquiries.
Provider claims investigation: Transfer providers here only if the provider needs detailed claims investigation.
Provider claims status: Providers will contact this number to verify the status of a claim. This number routes to Member Services.
Provider medical disputes: For transferring providers seeking to initiate a medical appeal.
Provider network services: For provider issues, such as provider grievances and contracting questions.
External resources: For example, United Way, Aging Resources of Central Iowa, Iowa COMPASS Disability Resource Database, LifeLong Links Iowa.

Exhibit 8.3-B: Example warm transfers

8.4 Nurse Call Line

1. Describe how the Nurse Call Line will be publicized to members.

We publicize the availability of the Nurse Call Line through the following vehicles:

- Member Handbook.
- The health plan website through a phone number and a secure email capability.
- Letters from Care Management include information about our 24/7 Nurse Call Line.
- At the end of every call, the Rapid Response team reminds members that they have access to a nurse.

PCPs play a central role in the delivery, management and promotion of high-quality healthcare. Encouraging and supporting the relationship between Iowa members and their PCPs is at the heart of our core principles of access and quality. When they cannot reach their doctor's office or when the health plan's Medical Management department is closed, Iowa members will be able to call a 24/7 Nurse Call Line and receive support as they need it. The 24/7 Nurse Call Line staff will provide warm, compassionate service and helpful, easy-to-understand answers to members' questions. Members will be able to call toll-free and talk with a registered nurse any time of the day or night, every day of the week.

The nurses may help members with the following items:

- Address symptoms they are having and provide direction to seek appropriate care.
- Decide if there is an emergency and if they need to go to the ER.

The 24/7 Nurse Call Line will also mirror information provided by Care Management, such as:

- Learn about health and medical concerns so they can discuss them with their PCP.
- Learn about the medicines they are taking.
- Pick the best exercises and foods for a healthy lifestyle.
- Address questions and learn about medical tests and procedures.
- Enhance their understanding of specific medical problems like diabetes or asthma, and also be referred to the appropriate health plan programs.
- Obtain important information about community resources available in their area.

All calls to the 24/7 Nurse Call Line will be recorded for quality purposes. A triage/encounter report on each call will be provided to the health plan on a daily basis. These reports will be reviewed by the Care Management team. Members will receive a follow-up call to discuss the outcome of the call and determine if there has been a change in their health status and/or to determine if additional assistance is needed. It is also an opportunity for the care manager to determine if the member would benefit from ongoing support provided in the Care Management program. Members will be encouraged to seek care from their PCP and offered assistance scheduling appointments and arranging transportation services. The assigned PCP will receive a faxed copy of the member triage report for their files.

During the implementation of 24/7 Nurse Call Line, the Delegation Oversight team will work with the Care Management team and all other departments of the health plan to ensure that information relevant to the support of the membership is shared and available to all teams. This includes local community resource directories, information on internal programs/referral processes, hours of operations and administrative information (for direction on questions, such as "Who do I call to get a new ID card?") and escalation workflows. This tight interface will ensure members' questions and any issues are quickly addressed or

referred to another area in a seamless fashion. Ongoing training programs will be provided to all health plan departments that interface with the 24/7 Nurse Call Line, such as Care Management, Member Services and Provider Services.

In addition to the service interface, the 24/7 Nurse Call Line will provide overflow and non-business coverage for the Rapid Response Team phone lines. Our integrated service model is built into our telephony platform and is seamless for the management of inbound calls. In the event there is a building emergency or other situation that causes health plan staff to be unable to answer member calls, the phone system will automatically route calls to the 24/7 Nurse Call Line as a back-up supporting unit. This will ensure clinical staff is always available to address a member's question or concerns through any health plan phone number that is dialed, regardless of the time, situation or day.

2. Describe the credentials Nurse Call Line staff must possess.

Following IVR processing, callers will be routed to a specially trained medical service representative (MSRs), which we subcontract with SironaHealth. SironaHealth's MSRs are required to have a high school degree or equivalent and possess basic personal computer (PC), keyboarding and telephone system skills. SironaHealth seeks out individuals who have experience working in customer service/call center environments as well as physicians' offices or other healthcare provider settings.

SironaHealth's nurse consultants are required to have a current registered nurse (RN) license in the State where their office is located, with a minimum of three years' recent clinical experience in an acute or ambulatory care setting. Primary source verification is completed on all licensed clinical staff. In addition, nurses must possess telephone communication and basic PC skills. Clinical staff is required to complete a minimum of 15 continuing education contact hours annually.

3. Describe processes and protocols for when a physician must be consulted.

Secondary triage is an extremely effective mechanism to reduce ER referrals by an additional 50 percent from the 24/7 Nurse Call Line. This is achieved by paging the on-call practice physician under clearly defined emergent circumstances.

How does this work?

If the triage process determines the patient needs immediate attention or the patient needs attention within a time period where physician offices or urgent care facilities are not available and rules exist to page a physician, the on-call physician will be paged to call the member. Triage calls and consulting physicians will occur through a three-step process:

I. Rules for secondary triage

- Clinical guidelines combined with clinical judgment determines disposition.
- Common dispositions that can trip a secondary triage include:
 - ER now or PCP triage (lower acuity than ER now, determined by guidelines).
 - See PCP in four hours (and no office is open in four hours).
 - See PCP in 24 hours (and no office is open in 24 hours).
 - Member refuses to go to the ER or other disposition and insists PCP is paged.

II. Provider rules — a number of options are available

- Secondary triage is required for all ER visits. Every situation in I.2 above results in a page to a physician.

- Secondary triage is turned on by disposition. Only designated dispositions result in a page to a physician.

III. Rules for who gets paged

There are no limits to who gets paged or when. If deemed appropriate by the State, we could associate each health plan member with a provider network and route calls based upon time of day. For example:

- 8:00 a.m. to 6:00 p.m. — page on-call physician in the ER.
- 6:01 p.m. to 11:00 p.m. — page on-call physician in the urgent care facility.
- 11:01 p.m. to 5:59 a.m. — page the PCP.

In addition to associating a member to a provider network, the rules can also apply to a specific practice:

- 8:00 a.m. to 6:00 p.m. — page Dr. One.
- 6:01 p.m. to 11:00 p.m. — page Dr. Two.
- 11:01 p.m. to 5:59 a.m. — page Dr. Three.

We will confer with the State during implementation to determine the exact rules for paging.

Disposition	Time Frame	Care Options
Call PCP now	Immediately	Call PCP. If no PCP is available, call the urgent care center, then the ER as a third option.
Go to labor and delivery (L&D) now (or PCP triage)	Within one hour	Call PCP if able to see member in one hour or if authorization is needed. If no PCP/no authorization is needed, call L&D, then the ER as a third option.
Go to ER now (or PCP triage)	Within one hour	Call PCP, if available, to see in one hour or if authorization is needed. If no PCP/no authorization needed, call the urgent care center, then the ER as a third option.
See physician within four hours (or PCP triage)	Within four hours	Call PCP, if available, to see in four hours or if authorization is needed. If no PCP/no authorization needed, call the urgent care center, then the ER as a third option.
Call local agency now and see physician within 24 hours	Within 24 hours	Call PCP, if available, to see in 24 hours or if authorization is needed. If no PCP/no authorization needed, call the urgent care center, then the ER as a third option.

Exhibit 8.4-A: Typical escalation dispositions

Procedure for dispositions of ER now or PCP triage requiring authorization

The nurse will page the on-call physician and instruct the member to call SironaHealth back if they have not received a call from the nurse or the physician within 30 minutes. If the member has not received a call within 30 minutes, the nurse will attempt to contact the on-call physician according to the on-call paging escalation rules. The member will be instructed to call SironaHealth back in 15 minutes if they have not received a call from the nurse or the on-call physician. If the member calls back after the second page, the nurse will instruct the member where to go to access care.

Per AmeriHealth Caritas policies and procedures, the nurse may use nursing judgment at any time during this process if he or she feels the patient is unable to wait for authorization to be seen.

Documentation of disposition and outcome

When known, nurses will document the name of the facility where the patient will go for care in the nurse's notes. For all escalation dispositions, the nurse will be required to document the outcome:

- RN advice — Indicating what level of care the nurse recommended based on availability (PCP, urgent care clinic or ER).
- Outcome-intended action — Exactly where the patient intends to be seen (PCP, urgent care clinic or ER).

8.5 Electronic Communication

1. Describe how technology will be leveraged to communicate with members.

AmeriHealth Caritas' digital transformation

AmeriHealth Caritas knows our members and providers want to interact with our health plans in many different ways. And we understand that digital communications are a fundamental reality and component of the next generation of healthcare delivery. We have begun a digital transformation initiative this year focused on defining and delivering a digital experience tailored to the needs and expectations of our members and providers.

With the assistance of an industry-recognized digital communication agency, we are conducting an assessment of our digital communication platforms. Examples of the platforms include our plan website, Member Portal, Provider Web Portal and social media. We will deliver information, access and value to our members and providers in the ways that work and matter most to them. To inform our efforts, we are conducting focus groups with our members and providers so we can fully understand how they prefer to interact and communicate with us.

Proactive outreach manager to assist in outbound communication

AmeriHealth Caritas' outbound call center utilizes an outbound dialer, which allows us to connect with our members live or send alerts to increase awareness of health prevention practices. We utilize historical contact rates to determine the best times to reach our members to ensure we can complete items, such as member health risk assessments when our members are most available. The proactive outreach manager is the technology that supports the dialer and enables us to create and execute automated outbound voice, email, or SMS text campaigns, providing valuable information and enabling members to take immediate action via self-service or live agent interaction.

Digital communication as part of our holistic "no wrong door" approach

As discussed within the response for 8.2 Member Communication, AmeriHealth Caritas Iowa will leverage technology as part of our "no wrong door" approach to member engagement. Members will be able to interact with AmeriHealth Caritas Iowa digitally, through the plan website, Member Portal (discussed in 8.6) and texting. In addition, our outreach and communication with members will be tracked and monitored to continuously improve their effectiveness. For additional detail on our technology solutions, please refer to Section 13 of our response.

2. Describe how information on member's preferred mode of receipt of communication will be collected and how information will be sent in accordance with such selection.

We want to interact and communicate with members in ways that are most meaningful to them and reflect natural engagement points. To ensure each member receives information in the way that best meets individual needs, we will allow members to opt-in to electronic communication. That preference will be passed to the welcome kit supplier and all documents sent electronically or via a link. Conversely, we will also be able to interact with members through non-electronic means (e.g., phone or mail) if that is their preference.

3. Describe how electronic communication will be received.

Members will have the option to select the "contact us" feature on the plan website and the Member Portal, which triggers the export of the request for review by a CCOE representative. The CCOE representative will then follow up with the member directly to resolve the inquiry/request.

8.6 Member Website

1. Describe your plan to develop a member website and mobile applications in English and Spanish, and the kinds of information you will make available to members in these formats.

AmeriHealth Caritas Iowa will develop websites and applications in English and Spanish that are accessible and functional via cell phone. Our Member Portal will be a secure resource with member access to searchable provider network information, personal health information on care gaps, prescription drugs and healthcare visits. Members' access to this administrative and clinical information strengthens their ability to be informed managers of their benefits, health and wellness.

Other available tools on the plan website will include searchable tools to allow members and providers to find up-to-date information on network providers, pharmacies, covered medication and tactical health and wellness tools, such as a BMI calculator.

We will ensure our plan website and Member Portal are frequently refreshed and updated with relevant and helpful information. Through these means, we will disseminate health and wellness information and invite member engagement.

Overview of tools and information on the Member Portal

The Member Portal will include:

- PCP demographic information via online provider directory.
- The ability for members to change their PCP.
- Medical claims detail to track the status of member claims, including the stage in the process, the amount approved, the amount paid, member cost and the date paid, if applicable.
- Prescription information, including determining financial responsibility for a drug, initiating the exceptions process, managing refill reminders, finding the location of an in-network pharmacy, conducting a pharmacy proximity search by ZIP code, determining potential drug-drug interactions,

determining a drug's common side effects and significant risks and determining the availability of generic substitutes.

- Prescription history for past six months, including the date prescribed, medication name, dosage and prescribing physician.
- Health visit history, including recent visits to the doctor, hospital and ER.
- In partnership with WellSource, links to a health and wellness library and related self-management tools related to healthy weight (BMI) maintenance, smoking cessation, encouraging physical activity, healthy eating, managing stress, avoiding risky drinking and identifying depressive symptoms.
- Submit questions and comments via a secure contact form and receive answers from Member Services.
- A health risk assessment with questions on member demographics and personal health history, including chronic illness and current treatment, self-perceived health status and the identification of effective behavioral change strategies. It will also assess personal health characteristics and behaviors, including weight, height, smoking, physical activity, healthy eating, stress, productivity or absenteeism, breast cancer screening, colorectal cancer screening, cervical cancer screening, influenza vaccination, risky drinking and depressive symptoms. It will also pose questions to identify members with special needs in the areas of hearing impairment, vision impairment and language preference.
- Request a new ID card or Member Handbook.
- Online enrollment in disease management programs.

AmeriHealth Caritas Iowa's Web development team follows industry best practices, while continuing to innovate and improve as a leader in this space

Our web development team supports best practices and leading innovations in the development of its services:

- HIPAA security requirements.
- Cross-browser compatibility.
- Accessible through desktop and mobile devices without losing usability or access to information.
- Meets all coding standards set by the World Wide Web Consortium for markup language, link validation and Cascading Style Sheet.
- Best practice designs based on the United States Government's Web Guidelines on usability.
- Meets or exceeds requirements in Section 508 of the Americans with Disabilities Act and meets all standards the Act sets for people with visual impairments and disabilities that make usability a concern, including the Web Content Accessibility Guidelines (WCAG) 2.0.
- Frequency of information updates, including updating provider network information every two weeks at minimum.
- Tracking website activity to determine what information members are actually using, so the website is tailored to their needs and interests.
- NCQA standards for Member Connections will be in place by July 2015.

Website input from members via the AmeriHealth Caritas Iowa Member Advisory Committee

AmeriHealth Caritas Iowa will regularly review the website with the Member Advisory Committee to ensure that Web content is displayed in a manner easily understood, navigable and containing content that addresses member needs. This committee, comprising members and community partners, will be an excellent source of feedback that can shape website content.

Past experience in engaging members and improving technology

The AmeriHealth Caritas affiliate in the District of Columbia recently launched a Member Wellness Advisory Council (MWAC), comprising members, community partners and providers. The MWAC provides a forum for these groups to share feedback and suggestions on the affiliate's programs and strategies. The goal of the group is to help AmeriHealth Caritas strengthen its focus on members and to enhance service delivery to its communities.

"We are so pleased to have this type of participation from our members and partners to ensure customer-driven programs," said Stephanie Hafiz, director, Customer Service Operations. "The Council will help keep us focused on ensuring that our members get the care and service delivery they need to achieve the best possible health outcomes."

During its recent inaugural meeting, the Council provided feedback on the use of a tablet to assist children challenged by asthma, which could also be used for other chronic illnesses. Feedback was collected and shared with PerformRx, AmeriHealth Caritas' pharmacy benefit management organization, and the affiliate's communication staff so changes could be made to improve the product. The council meets quarterly, with meetings rotating through the four quadrants of the District of Columbia.

Mobile app overview

In addition to a mobile-friendly website, AmeriHealth Caritas Iowa will provide a user-friendly and effective mobile app to its members. The mobile app will allow members to conveniently access needed information wherever they are and support access and adherence to care.

Examples of functionality for the mobile app include:

- Access to the front and back of Member ID cards, with the ability to fax them to their providers.
- PCP contact information, including a direct-call link.
- List of specialist physicians for each member (through analysis of member activity/claims).
- Provider directory, including map and directions from current location.
- Pharmacy medicine cabinet, including information to help members manage their medications, picture of the medicine, date dispensed, label warnings/interactions and drug information. To support adherence, a member can also schedule alerts to take his or her medication.
- Care gap alerts to support care plan adherence.
- Member/household link providing access to a members' household information to support integrated family care.
- Prenatal care reminders for pregnant members.

8.7 Health Education and Initiatives

1. Describe your proposed health education initiatives including topic areas and strategies for communication. Provide sample materials.

AmeriHealth Caritas believes quality of care is built on a foundation of education. This will enable us to empower the Iowa Medicaid population to make the best possible decisions about their health, understand the value of our approach to care, and — above all else — adopt healthy behaviors to drive outcomes. We see this approach as a key driver to making Iowa the healthiest State in the country.

Our educational materials and initiatives are developed following a process designed to address the specific needs of our membership population, which are identified through inputs, such as demographic information, initial health-risk screenings and any medical or claims data available on our members.

AmeriHealth Caritas improves health outcomes by empowering and educating members to make healthy choices and live healthier lifestyles for themselves and their families. We use many points of contact to deliver critical health information to members. From the information we include in enrollment materials to the newsletters and flyers we distribute at health events, we make every member contact count by facilitating equitable access to high-quality care. Our high-touch, local outreach teams are hired from within the communities they serve. This enables them well to engage with members on how to access appropriate care, overcome barriers and connect with social supports. Because managed care will be a new concept for some in Iowa, we will use our time with members to not only educate about health issues, but to ensure that members have a deep understanding about how to make the most of the benefits available to them through the Iowa High Quality Healthcare Initiative. When we launched our affiliate Arbor Health Plan in Nebraska in 2012, the open enrollment period coincided with the Nebraska State Fair in Grand Island, Nebraska. A team of Arbor Health Plan associates staffed a table for several days to introduce managed care and how to determine/enroll eligibility. We also provided general health education materials, and offered health screenings and “meet the doc” sessions. This was a great opportunity to learn about the concerns of members or potential members and demonstrate how we truly become part of the communities we serve. We look forward to using the same approach when we launch in Iowa.

Sample materials are provided as attachments at the end of this section:

- Attachment 8.7-A: Diabetes Educational Material.
- Attachment 8.7-B: Cardiovascular Health Educational Material.
- Attachment 8.7-C: Depression Educational Material.

Educational materials

AmeriHealth Caritas Iowa will develop materials designed to educate members about specific health issues, equip them with strategies for improved wellness and encourage them to take responsibility for their health. Example topics include asthma control, diabetes management, stress management, high blood pressure and healthy living. Our member educational materials:

- Explain healthcare options.
- Describe health plan benefits and services.
- Inform about health conditions, including how to manage a specific disease or condition.
- Coach on how to stay healthy and prevent illness.

AmeriHealth Caritas Iowa will make information available to members through various communication channels. We develop and maintain a comprehensive library of useful and relevant educational materials, which include, but are not limited to:

- Member education mailings.
- Quarterly newsletters.
- Online links to health information.
- Secure Member Portal.
- Materials that support community outreach initiatives.
- Posters and flyers.
- Annual Message to the Community booklet.

AmeriHealth Caritas Iowa will develop educational materials with the needs of the members in mind and in conformance to all DHS requirements. Materials we use across AmeriHealth Caritas health plans to increase members' understanding of managed care include, but are not limited to:

- Members' Bill of Rights.
- Member notices, including notices of provider termination.
- Notification of any changes that DHS defines as significant in the required time frame.

Stratified educational materials

AmeriHealth Caritas' ICM and Rapid Response teams send educational materials targeted to members in our ICM program through an evidence-based software program. Topics for education are specifically selected based on members' identified nursing assessment needs, as well as individualized care plans goals. AmeriHealth Caritas Iowa will provide these materials to members through our Medical Management programs and upon request.

We will mail disease-specific information to membership segments identified as having symptoms and/or diagnosed with a condition through our aggressive Care Management programs. For instance, a member with diabetes may be sent a letter or other form of communications to encourage HbA1C testing.

In addition to the many brochures targeted to the low- and high-risk pregnant mothers (and listed in this response under Prenatal Services and Prematurity Prevention), a few other examples of our brochures include:

- Heart-Healthy Habits.
- Diabetes Checklist.
- What is Heart Failure?
- Congestive Heart Failure Reporting and Emergency Plan.
- Coronary Artery Disease.
- High Blood Pressure: The Silent Killer.
- Power Over Asthma — Asthma Triggers.
- Tips to Manage COPD.
- Living Healthy with Sickle Cell Disease.

Educational programs

AmeriHealth Caritas Iowa's COS team will provide educational programs to the community to supplement the direct-access materials available to members. The educational programs that will be offered include:

- **Healthy Heart** — Teach participants the primary function of the heart and its importance. Participants are shown exercises and foods that are heart healthy.
- **Asthma Management** — Teach participants the basics about asthma and important steps to take to effectively manage the disease.
- **Diabetes Management** — Teach participants a sound awareness of the high prevalence of diabetes, including risk factors, steps to reduce the risk and available treatment for the disease.
- **Latino Diabetes** — A diabetes education program focusing on the Latino/Hispanic population, which includes information on the basics of diabetes, ways to introduce regular physical activity, smoking cessation, medication adherence and healthy eating habits, such as tips on cooking Latino favorites using less fat, salt and sugar.
- **Empower the Advocate (ETA)** — The “ETA” initiative engages individuals in their community, faith-based organizations and social service agencies (i4As, LeadingAge, IDAAN) to provide in-services to their staff about the importance of preventive care, medical management and the AmeriHealth Caritas Iowa ICM.
- **Childhood Weight Management** — Aims to increase physical activity and improve nutrition through smart snacking and increased consumption of fruits and vegetables.
- **Child's Health** — Focuses on common childhood illnesses, such as fevers, colds, ear infections, stomach aches. It also promotes and encourages dental care. Parents/caregivers are provided education on the steps that can be taken at home, when to call their doctor and basic facts about these illnesses and conditions.
- **Medicine Safety** — Educates participants on what medication they are taking, why they are taking them and what the instructions mean.
- **Caring for the Caregiver Events** — Engaging and educating key caregivers about the benefit of health plans in support of the model of care reducing the risk of acute hospital admissions and supporting the transition of members from institutions (adult assisted living facilities and nursing homes) to home and community-based services (HCBS).
- **Maternal Health** — This program is geared towards women who are either expecting or wish to become pregnant. The program educates women about the importance of early and regular prenatal appointments, use of prenatal vitamins and risk factors for premature birth.
- **Poison Prevention** — This program outlines how to recognize poisons, where they may be found, how poisoning can occur, how to prevent them and what to do in a poison emergency.
- **Teen Health** — Topics include healthy relationships, healthy eating, physical activity, personal and internet safety, dental health and depression.
- **Women's Health** — Focuses on three areas of women's health: breast, cervical and heart.
- **Youth Sports Safety** — Geared towards youth, ages six to 14, to help reduce their risk of a sports-related injury by identifying key components to safety, such as location, equipment and good instructions.

- **Bullying** — This presentation is for children and gives an overview of the definition of bullying, types (physical, verbal, social and cyber) and examples of each.
- **Healthy You, Healthy Me** — Currently, the COS teams are conducting “Healthy You, Healthy Me” initiatives in their territories throughout AmeriHealth Caritas affiliate Medicaid plans. Programs are a collaborative effort with agencies such as Boys and Girls Clubs, afterschool programs, school districts, The Salvation Army and neighborhood centers.

As mentioned earlier, AmeriHealth Caritas Iowa will design and implement health education initiatives with the specific needs of Iowa’s population in mind, intended to drive improved outcomes through member engagement and education. We will work with the DHS to implement programs appropriate for Iowa’s population that will drive the ultimate outcomes and efficiencies sought after.

Examples of the robust member-centered programs that AmeriHealth Caritas affiliates have launched in other states

Healthy Hoops®

According to the Iowa Department of Public Health, asthma is the most prevalent chronic condition for children. Healthy Hoops® is an asthma program operated by AmeriHealth Caritas. The Healthy Hoops program for young asthmatics and children who are at risk for obesity or decreased cardiac output is held annually at various community locations. The program uses a coalition of local healthcare providers and community organizations to provide full physical screenings (blood pressure, BMI, height/weight, spirometry), individualized asthma action plans and targeted health education.



Gift of Life

A wellness program designed to alert women who are non-adherent to mammography and breast cancer screenings per HEDIS measures is in its seventh year. Members are identified per claims review and ZIP codes and are invited by phone to attend screening events at local provider facilities. Transportation is provided, as well as personal support while the members are waiting for their screenings. Upon completion of the screenings, gift card incentives are given to the members. Women who need additional diagnostic services are referred and further assisted through the care process. Partnerships with local mobile mammography vans also provide opportunities for members during community health fairs at local venues, including faith-based organizations, supermarkets and FQHCs. The Rapid Response team also supports outbound health education telephonic campaigns, alerting members to follow up on Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and adult healthcare including:

- Flu shots for all ages.
- Childhood immunizations.
- Blood lead screenings.
- Well visits for those up to age 21.

Your “Gift of Life” Appointment Reminder

Hello AmeriHealth Caritas Iowa
Member, you were recently scheduled
for a mammogram.

Members will receive:

- A \$15 gift card (for completed screening).
- A small token of our appreciation for caring about yourself.

If you have any questions about your appointment please
call XXX-XXX-XXXX.

Thank you,
Rapid Response and Outreach Team



Please bring your
AmeriHealth Caritas
Iowa card and a
photo ID with you.



Exhibit 8.7-A: Gift of Life sample material

Moms2B program

The Moms2B program focuses on reducing the incidence of premature and low-weight births through intensive case management services, the use of cell phones for calling and texting appointment reminders, and key pregnancy information and incentives to promote prenatal and postpartum care. The program engages high-risk pregnant members providing a high-intensity program tailored to individual needs.



Community baby showers

Community baby showers are designed to engage pregnant women for the purpose of introducing the Bright Start program, providing risk assessments to determine needs, offering outside resources, providing dental screenings for pregnant women and providing parenting preparation courses about infant care, stress management, nutrition, cognitive development and effective parent-child communications.

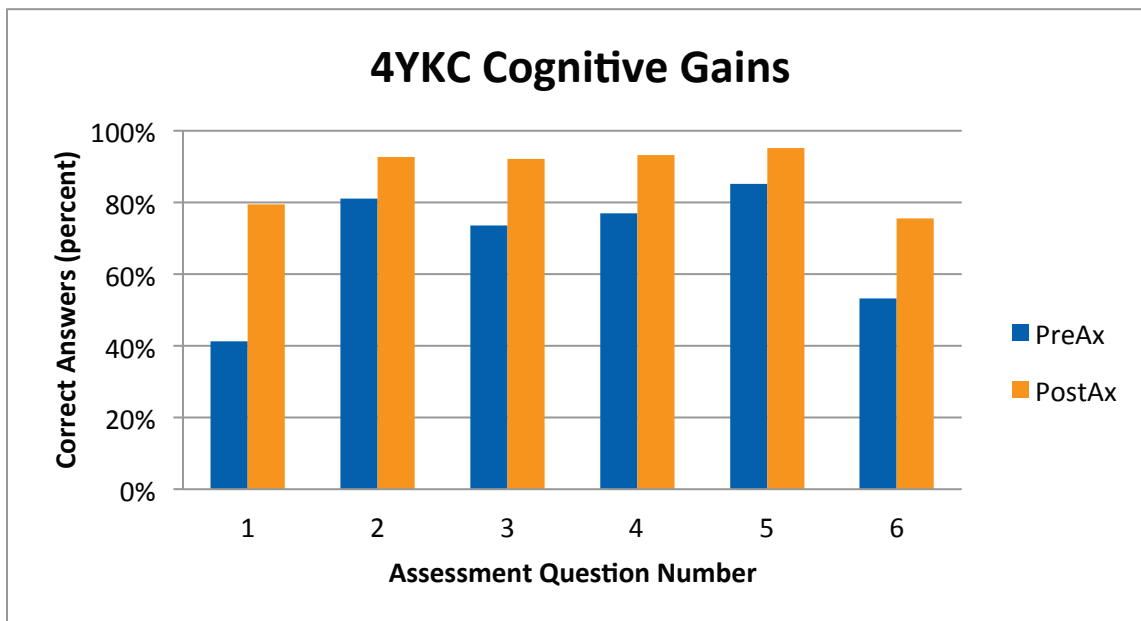
Parents in the Know

Newly launched in 2014, this program is a groundbreaking community awareness program for parents and caregivers to help identify sexual abuse predators and protect their children. Developed in collaboration with local rape crisis centers, AmeriHealth Caritas affiliates have held awareness workshops for parents providing hands-on techniques to voice concerns and help protect their children.

4 Your Kids Care

The 4 Your Kids Care program engages families who have recently visited the ER for non-urgent services and offers basic, hands-on training and education on how to best care for their children when they get sick. This program teaches parents and caretakers how to make better health decisions, when to take their child to the ER and encourages the relationship between member and PCP or pediatrician. The program consists of a three-hour workshop utilizing a medical bag (including basic first-aid supplies) and a manual that supports the education provided. Childcare and transportation is offered to all members.

- Approximately 2,832 head-of-household members have attended 4 Your Kids Care since its implementation in 2011 in Southeastern Pennsylvania.
- 2012 program statistical outcomes (one-year look back and one-year look ahead) shows a 25 percent drop in ER utilization and costs for those who attended.



*PreAx= Prescreening result, PostAx= Post Screening Result

*Source: 4YKC Surveys, David Keleti 4YKC Article "Reducing Nonurgent ED Utilization in Pediatric Members"

Exhibit 8.7-B: Example 4 Your Kids Care Outcomes

The 4 Your Kids Care manual supports education, including the following questions:

1. Your child is younger than two months old and has a fever of 100.4 degrees. You should:
 - A. Go to the ER.
 - B. Call the PCP.
 - C. Give the child Tylenol.
2. Your child put something in his/her ear. Using tweezers is a good way to get it out. True or False.
3. Finish the sentence: Fevers are usually: a) NOT normal. You should take your child to the emergency room; and b) Normal. You should call the doctor when your child has one.
4. Using Q-tips is a good way to clean your child's ear. True or False.
5. Aspirin is OK to give to your child when he/she has a fever. True or False.
6. Finish the sentence: Earaches in children under three are usually
 - A. NOT normal. You should take your child to the emergency room.
 - B. Normal. You should call the doctor when your child has one.

Make Every Calorie Count

AmeriHealth Caritas' Make Every Calorie Count (MECC) program aims to help members become healthier, particularly those who have been diagnosed with obesity and have other chronic conditions. The individualized six-week program provides suggestions for small changes to everyday activities over the course of the program. The program also encourages participants to establish routines, set their own custom goals and learn about the benefits of a healthy lifestyle.

MECC includes health assessments, one-on-one care management, individualized care planning and patient education. Members participating in care management can also be referred to an expanded nutritional counseling session with a registered dietician.



Make every calorie count. It's a way of life.

Daily Food and Activity Log Book

Member name _____

Nurse name _____

Nurse phone _____



Make every calorie count. It's a way of life.

Welcome!

The Make Every Calorie Count program is about wellness and feeling good. It's about finding balance and setting real goals so you can be the best you can be. It's not about big changes, dieting or giving up foods you enjoy. It is about small things you can do to lose weight and feel better.



Exhibit 8.7-C: Make Every Calorie Count – Example AmeriHealth Caritas Iowa Materials

Eligible members with their BMI between the 85th and 94th percentile and/or eligible members identified with a claim diagnosis of being overweight, obese or morbidly obese receive an invitation to join MECC, along with a calendar that outlines healthy eating tips and activities associated with each month of the year. In addition, the program is offered to members working with a care manager who are interested in weight management.

When a member enrolls in the program, the care manager collects data on the member's current eating habits and level of motivation to develop a healthy lifestyle. The questions are non-judgmental. The care manager uses motivational interviewing techniques to encourage members to think about making small but sustainable changes. Members completing the assessment begin to work on their individual goal as part of their plan of care and are sent additional tools, including a pedometer, tape measure and a journal for celebrating progress.

The Care Management staff receives additional training on assisting members to achieve a healthy weight from a physician skilled in weight loss counseling.

Lose to Win Program

Lose to Win is a six-month diabetes and hypertension program that focuses on disease management techniques through education workshops. The program includes pre- and post-health screenings with

members' PCPs. The program includes a comprehensive curriculum designed to educate members on risk factors, nutrition, medication adherence and self-management. The program goals are disease management, improved HEDIS measures and decreased medical costs. Members are screened for total cholesterol, HDL, LDL, triglycerides, glucose, HbA1c, BP and BMI.

Sample outcomes

- Glucose: Seven out of 10 members screened (pre/post) had lower glucose readings post-program. Glucose declined by an average of 46 points for entire pre/post cohort, which represents an average change of 17.73 percent.
- HbA1c: Six out of 10 members screened (pre/post) had lower HbA1c readings post-program. HbA1c declined by an average of 1.09 points for the entire pre/post cohort, which represents an average change of 9.57 percent.
- Weight: Seven out of 10 members screened (pre/post) lost weight during the program. Weight declined by an average of 7.38 pounds for the entire pre/post cohort, which represents an average change of 2.30 percent.
- Blood Pressure:
 - Systolic: Eight out of 10 members screened (pre/post) had a lower systolic blood pressure reading post-program. Systolic blood pressure declined by an average of 8.4 points for the entire pre/post cohort, which represents an average change of 6.29 percent.
 - Diastolic: Six out of 10 members screened (pre/post) had a lower diastolic blood pressure reading post-program. Diastolic blood pressure declined by an average of 1.8 points for the entire pre/post cohort, which represents an average change of one percent.

Health Empowerment Tour/40-Day Journey

The 40-Day Journey to Better Health, designed by AmeriHealth Caritas, is a program designed to target individuals to change their eating and exercise behaviors. The program promotes eating fruits, vegetables and whole foods for 40 days.

In a recent roll out in Philadelphia, there was a 13 percent drop in total cholesterol across attendees, a 10 percent drop in overall blood pressure among participants in one of the two participating organizations and an average weight loss of four pounds across two organizations. In addition, participants increased their awareness of nutrition content in foods and their willingness to try healthier foods and substitutes.



Dental and adolescent well initiative

In an effort to improve engagement of children under the age of 21, Keystone First, the AmeriHealth Caritas affiliate in southeastern Pennsylvania, collaborates with FQHCs and large physician practices to assist with an event where we provide assistance with scheduling non-compliant members and provide incentives to promote adolescent well visits and dental screenings to improve HEDIS results. While dental care is not a service that would be provided by AmeriHealth Caritas Iowa, we recognize the importance of partnering with dental providers to ensure that our members, especially our pregnant members, are connected to the services they need to keep them healthy.

Philadelphia Housing Authority (PHA) and Shelter System collaboration

The Philadelphia Housing Authority (PHA) and Shelter System collaboration was established to provide health screenings and health information through on-site events and activities to the most vulnerable

members who reside in PHA sites and homeless shelters. The program educates homeless members on how to use the health plan and provides step-by-step guidance through onboarding transition with the goal of retaining membership and reducing gaps in care. Members are screened for total cholesterol, HDL, LDL, triglycerides, glucose, HbA1c, BP, height/weight, dental and BMI. Similarly, AmeriHealth Caritas associates met with the executive director of the Central Iowa Shelter & Services (CISS) to discuss potential collaborations, which are detailed later in our response.

General health screenings at community events

Public affairs and marketing department affiliates target Keystone First members who are non-compliant for HEDIS measures in an effort to facilitate health screenings, provide education, close care gaps and reconnect them with their PCPs. In 2014, our Public Affairs and Marketing departments participated in 88 community health events and provided members with the several screenings, including total cholesterol, HDL, LDL, triglycerides, glucose, HbA1c, BP, pulse rate, height/weight, dental, adolescent well and BMI.

Within five business days for controlled results or 48 hours for elevated and emergent results, all member-screening results are sent to their respective PCPs for follow-up and HEDIS documentation. Within the same respective time frames, member-screening results are sent internally to Public Affairs, Quality Management, Medical Economics, Care Management, HEDIS, Rapid Response and the network medical director for follow-up, HEDIS documentation and internal record keeping.

Parent Series — a behavioral health program offering

PerformCare, AmeriHealth Caritas' behavioral health affiliate, has been working with parents to develop an educational offering we call the Parent Series. The idea of the Parent Series came from meetings we hosted with family groups, such as the Autism Advisory Group and Family Issues Group. The questions and concerns expressed at these meetings showed the need to better educate families about services and the "system" to help increase understanding and access to services for their children or themselves.

PerformCare was originally created by behavioral health providers in Pennsylvania under the name Community Behavioral Healthcare Network Providers (CBHNP). Once CBHNP became part of AmeriHealth Caritas and moved beyond Pennsylvania, it was decided to change the name to PerformCare so as not to be viewed as a Pennsylvania-only health plan.

The series is covered over three sessions and addresses subjects, including:

- Behavioral HealthChoices and PerformCare — What and who are they and what do they offer?
- How to access services.
- Insurance — What if you have other (private) insurance?
- Treatment expectations — What should families expect from the services their children receive?
- The factors that go into decisions regarding services.

Parents are involved in the planning and look of the series and its content (what should be in the series and what should not be). We also offer parents the opportunity to assist with the presentations.

We reimburse (time and mileage) those who agree to assist with this series. For those willing to participate with presentations, reimbursement will come at a special rate and mileage to meetings will be reimbursed. Regular reimbursement for time and mileage will be offered to those who attend the introductory meetings.

Grocery store collaboration

AmeriHealth Caritas has partnered with various grocery stores for the purpose of providing health screenings and education. The partnership is made up of three components: providing members' access to

important health screenings, offering grocery-store gift-cards as an incentive for healthy behaviors and introducing members to fresh fruits and vegetables. AmeriHealth Caritas recently met with the Pharmacy department leadership at HyVee's corporate office to discuss a variety of programs for potential collaboration. In addition to educating members on the proper use of medications, AmeriHealth Caritas Iowa will partner to provide health screenings and supermarket tours to teach members how to make good food choices.

Effective member outreach and health education at work from the Keystone First health plan in southeastern Pennsylvania: "When should a child go to the ER?" by Paul Jablow, Philadelphia Inquirer, March 1, 2015

The Philadelphia Inquirer

philly.com

Six years ago, when her 3-year-old daughter developed a fever and a discharge from her ear, Latasha Anderson took her to the hospital emergency room. A few weeks ago, in a basement meeting room at the Woodland Avenue Health Center in Southwest Philadelphia, she learned the visit probably hadn't been necessary.

The condition, she discovered, was quite common for a child that age and could have been treated at home. "I always thought that if your child got a fever, you went to the emergency room," Anderson said. "Now I know I probably didn't have to take her."

Anderson, 34, was attending one of a series of two-hour seminars sponsored by her health insurer, Keystone First, aimed at reducing unnecessary pediatric emergency room visits.

Lily Higgins, medical director for Keystone [First], the largest Medicaid insurer in Southeastern Pennsylvania, said the company's reasons for this include cost, treatment quality, and convenience. Higgins estimated an ER visit costs Keystone [First] about \$400 the minute a child is brought through the door and escalates quickly into the thousands. (Someone without insurance would be billed far more.)

And no matter how competent the ER physician, she said, in a nonemergency situation, children generally are better off being treated by physicians who know them. That's one reason the seminar leaders encourage parents to develop a close relationship with a primary care physician.

There also is the matter of what Higgins called convenience for the parent, for whom an hours-long ER visit could mean lost work time or hassles arranging sitters for other children at home - although surveys also show some adults go directly to emergency rooms because 24-hour availability is easier than scheduling doctor's appointments.

"Part of it is economic but the bigger part is a better relationship with their primary care provider," Higgins said. In fact, Anderson said that only in recent months had she established a good relationship with a family pediatrician.

Since 2011, about 3,000 parents have attended the seminars, which are offered two or three times a week to members at various locations. Keystone [First] says the program reduced pediatric ER visits by 25 percent in the first year.



Alice Honeywell, Keystone First Health Community Health Educator (left) speaks at a session on when children should go to emergency rooms. (RACHEL WISNIEWSKI / Staff Photographer)

According to a 2010 report by the New England Healthcare Institute, overuse of emergency rooms by patients of all ages nationwide wastes \$38 billion a year. And the problem has grown along with the expansion of Medicaid under the Affordable Care Act, according to an estimate released in September by the Colorado Hospital Association. Contrary to some policymakers' expectations, people with health insurance actually use emergency rooms more.

There is disagreement, however, over how many of those visits are unnecessary. There is no simple definition of appropriate ER use, Stephanie B. Abbuhl, vice chair of emergency medicine at the Hospital of the University of Pennsylvania, wrote in a commentary in the journal *Academic Emergency Medicine*.

Medicaid patients present particular challenges. Participants tend to be less educated, and lower incomes can lead to more stress, raising the risk of a range of health problems. Poverty also is associated with more frequent moves, which can make it hard to maintain connections with doctors.

In Keystone [First]'s experience, many Medicaid patients don't have a good relationship with a primary care physician and are used to the ER as a first rather than a last resort, Higgins said. The ER physician "can only take care of one piece of the child," she said. "They don't really know the whole child. There's no continuity of care."

To deal with the issue, Keystone First reviews its records to find parents who have taken a child for at least one ER visit that seemed unnecessary. Invited parents are given lunch and a \$10 Walmart gift card; child care is provided. They also get medical literature and a kit of household medical supplies.

The program teaches the difference between emergency and nonemergency situations, and how to deal with common childhood ailments. "A fever isn't considered an emergency in most situations," community health educator Alice Honeywell told Anderson and a half-dozen others at the recent gathering. "A fever fights infections." Honeywell and her colleague Marsha Walker took them through a series of medical scenarios involving fevers, vomiting, earaches, and other common pediatric problems.

They also introduced them to Keystone [First]'s 24-hour nurse hotline. "They're there to talk you off the ledge or say you need to go to the ER," Walker said.

In addition to imparting medical knowledge, Walker sees her job as dispelling common misinformation. She went through a variety of beliefs ranging from cold baths for a feverish child and using Q-tips to clean out ear wax to putting sliced onions in a sock to drain off illnesses, all of them useless or risky.

"Don't listen to your neighbor who says, 'When I was a child,' " Walker said.

For emergency room physicians, the trick is to be both an educator and a doctor. "I never want families to feel unwelcome," Margaret Samuels-Kalow, a pediatric emergency room physician at Children's Hospital of Philadelphia, said in an interview. "We try hard not to judge who should be in the emergency department. But preventable visits are a burden to families."

When she sees children whose conditions could have been handled at home or at a primary care provider's office, Samuels-Kalow said, she tries to find out why they were taken to the hospital. "Is it resources, being unable to afford home medications? Is it an issue of education?"

She said she often gives out educational materials. "What we're really hearing from families is that they want teaching that doesn't involve medical jargon," Samuels-Kalow said. "It's an important and unrecognized part of what we do."

2. Describe how you would propose to participate and interface with the Healthiest State Initiative.

AmeriHealth Caritas applauds the Healthiest State Initiative, which supports addressing the "health of the whole person." We look forward to partnering with DHS to promote this initiative as we move toward delivering the next generation of healthcare in Iowa and help Iowa reach the number-one spot in the Gallup-Healthways Well-Being Index®. When selected, AmeriHealth Caritas Iowa will meet with DHS as soon as possible to identify and launch activities to support and achieve the goals of Iowa's Healthiest State Initiative. We share your belief that health is a state of complete physical, mental and social well-

being and not merely the absence of disease or illness. We also believe that Medicaid beneficiaries should be provided the same tools available to all Iowans to help them learn how to make comprehensive lifestyle changes to improve their health statuses. In addition to the programs previously described that will support Iowa's health and wellness goals, AmeriHealth Caritas is ready to help promote Iowa's Healthiest State Initiative directly with members.

AmeriHealth Caritas Iowa's member mailings and outbound call campaigns will be utilized to promote awareness and involvement in the Healthiest State Initiative. The identification of care gaps and health opportunities will also support and interface with the initiative. The plan website and Member Portal will provide wellness information and support the initiative.

AmeriHealth Caritas affiliates have partnered with government agencies on similar initiatives in the past. As an example, our affiliate plan in Washington, D.C. developed the "I am healthy" campaign to promote healthy living to its members and the general public.



Exhibit 8.7-D: "I am healthy" campaign example

8.8 Cost and Quality Information

1. Describe proposed strategies to provide price and quality transparency to members.

AmeriHealth Caritas understands members want to make decisions about their care and where to seek treatments and solutions, based upon credible information. The members must trust their information source to provide reliable and actionable information on physicians, hospitals and other providers. We believe such information is readily available and we will provide it through the AmeriHealth Caritas Iowa website. This includes links to the following tools:

- NCQA resources:
 - NCQA certified PCMHs:
<http://recognition.ncqa.org/PSearchResults.aspx?sstate=IA&rp=6>

- NCQA recognized physicians in diabetes:
<http://recognition.ncqa.org/PSearchResults.aspx?state=IA&rp=3>
- NCQA recognized physicians in heart disease and stroke:
<http://recognition.ncqa.org/PSearchResults.aspx?state=IA&rp=2>
- Centers for Medicare and Medicaid Services (CMS) resources:
 - CMS Physician Compare:
<http://www.medicare.gov/physiciancompare/>
 - CMS Hospital Compare:
<http://www.medicare.gov/hospitalcompare/results.html#dist=25&state=IA&lat=0&lng=0>
- AmeriHealth Physician Finder, which includes information on board certification statuses and languages spoken.

AmeriHealth Caritas Iowa will also make these links available through the online physician directory found on our website. Additional information will be provided to explain how the data is collected and how the member can use this information to make informed choices. Members without Internet access can request information by mail.

These credible sources of information have been demonstrated to have impacts upon selection of physicians and hospitals, which may translate into better patient outcomes and experience of care.

One example of how AmeriHealth Caritas partners with like-minded and innovative organizations to make quality healthcare and services accessible and affordable to every person, is our strategic partnership with Theranos. Theranos is a CLIA-certified laboratory that offers services for a complete range of tests from common blood screening panels to specialized testing across all specimen types. They are working to shape the future of laboratory testing and the way health information is collected, analyzed and communicated in a way that is affordable and available to every person. Theranos also provides a detailed level of transparency by publishing its test menus and prices, and is committed to reducing the overall cost of care. We are empowering our members to fully engage in their healthcare. It is important that our members and their healthcare providers have the information they need, when they need it, to develop personal health care plans and make healthcare decisions.

2. Provide sample EOBs as an exhibit or attachment.

Attachment 8.8-A (at the end of this section response) provides a sample EOB that will be duplicated for AmeriHealth Caritas Iowa.

3. Describe processes for making provider quality information available to members.

As described in Section 8.8.1, AmeriHealth Caritas Iowa will utilize publicly available data and provide this information directly to members through the AmeriHealth Caritas Iowa website and Member Portal.

8.10 Member Rights

1. Describe your process for ensuring member rights as described in section 8.10.

AmeriHealth Caritas Iowa will provide and support the exercise of member rights in compliance with federal and State of Iowa laws and regulations, including those listed in Section 8.10 of this RFP.

AmeriHealth Caritas Iowa will have policies in place that will be utilized in training our associates to ensure

awareness and compliance with member rights, as well as when onboarding and training in-network providers. These policies will be made readily available to our associates through internal documentation, but also to providers and members through the Provider Web Portal/Provider Manual and plan website and Member Portal, respectively.

8.11 Redetermination Assistance

1. Describe in detail your plans to assist members in the eligibility redetermination process and control against prohibited activities.

Educating and assisting with member redetermination to avoid churn and lapse in health coverage

AmeriHealth Caritas has experience administering programs intended to assist State agencies with Medicaid renewal efforts. As an example, our affiliate Select Health of South Carolina has been supporting South Carolina Department of Health and Hospitals (SCDHHS) for several years in reaching out to members to remind and assist them in completing necessary Medicaid recertification requirements to prevent lapse of coverage and increase member retention.

Our program, administered through our Member Services outbound call department, utilizes annual eligibility review data provided via the member enrollment file. Members who are within 60 days of annual eligibility review date are identified. The CCOE then utilizes a mail and phone outreach campaign to contact members about returning annual review forms. To assure no member contacts are missed, recertification dates are loaded into the health plan's care gap system. This makes every member contact count by allowing any associate or provider who is in contact with the member provide recertification information. The efforts of the CCOE are also supported by in-house, SCDHHS-sponsored case workers who are available to answer questions that members may have regarding recertification.

This program has demonstrated successful member retention of the members contacted by the health plan, with 53 percent remaining eligible 60 days post-annual-renewal date. With approval, AmeriHealth Caritas is equipped to bring this program to Iowa and looks forward to similar successful results.

8.12 Member and Stakeholder Engagement

1. Describe in detail your member and stakeholder engagement strategy.

AmeriHealth Caritas was founded on the promise to help those who need it most get the care they need to get well and stay well. For over 30 years, we have fulfilled that promise by building grassroots relationships with providers, stakeholders and members.

In Iowa, we have engaged stakeholder groups and are developing partnerships with key groups in the State. Our executive team has met personally with the groups below and will actively continue to engage key people to gain a deeper understanding of the challenges our members face.

- **Providers:** Iowa Primary Care Association, Iowa Medical Society, Mercy Health Network, University of Iowa Health Alliance, the Iowa Medical Society, Iowa Association of Community Providers and the Mainstream Living, Inc.
 - Some organizations provide exceptional opportunities to reach out to providers through newsletters, roundtables and other educational activities.

- **Behavioral health and development disabilities:** Iowa Behavioral Health Association and Disability Rights IOWA.
 - Potential joint coordination around two key issues: 1) transportation to ensure accessibility to services, and 2) supportive employment by taking experience from our other markets to partner with local organizations to institute supportive employment programs that employ the homeless, veterans and others. This helps provide sustainable wages and life-skills demand training.
- **Aging:** Iowa Area Association on Aging.
 - Continuing our strong AAA precedence in South Carolina and Michigan, we are establishing strong relationships to contract with the i4A and the 6 regions to provide HCBS, which has a longstanding reputation and trust in the community and has begun their own provider transformation.
- **Children's services:** Coalition for Family and Children's Services (CFCS) and Iowa Child & Family Policy Center.
 - AmeriHealth Caritas Iowa has the potential to engage CFCS in activities around integrated health homes, transitioning children from institutions and the Adverse Childhood Experiences (ACE) model.
 - We plan to collaborate with the Iowa Child & Family Policy Center to focus on social determinants (employment, housing and education) and their long-term effect on the children of Iowa.
- **Advocacy organizations:** Iowa Health Care Association, Iowa Center for Assisted Living, Iowa Community Action Association, Iowa Public Health Association and The Arc of Story County.
 - AmeriHealth Caritas Iowa supported the Iowa Public Health Association conference and will sponsor the Heartland Rural Physician Alliance (HRPA) Annual Summit in May.
 - We will engage the Iowa Association of Community Providers, as well as LeadingAge Iowa, to reach providers, including those in rural areas.
- **Caregivers/parents/members:**
 - Working with advocates that reach our members is as critical as reaching our members themselves. Our approach is to educate and empower our members utilizing community partners.
 - We plan to partner with the Community Action Centers, one of the strongest organizations in Iowa, which plays a critical role in engaging Temporary Assistance for Needy Families (TANF) recipients via its Family Development Self-Sufficiency (FaDSS) program to build strong families. These organizations and advocates work with our members every day and relay information critical to care and community health.
 - We will develop caregiver events to educate and engage waiver eligible families on integrating with our model of care.
 - We will meet with organizations such as the United Way, YMCAs, The ARC, Volunteers of America, National Alliance on Mental Illness (NAMI), Orchard Place, Visiting Nurses Association, Youth & Shelter Services and others to ensure they have the education and resources that benefit our members and their community.
- **Community mental health centers and advocacy groups:** Iowa Association of Community Providers.
 - AmeriHealth Caritas Iowa plans to work with Youth & Shelter Services in Ames to support multi-dimensional family therapy and working to expand best practices throughout the State.
- **Faith-based organizations:** Lutheran Services in Iowa.
 - AmeriHealth Caritas Iowa plans to engage in its strong record of partnering to offer comprehensive services to children and the elderly.

AmeriHealth Caritas is focused on community engagement

“The March of Dimes and Select Health [AmeriHealth Caritas’ South Carolina health plan] have a longstanding partnership and commitment to improving the health of moms and babies. Our relationship has positively impacted the more than 60,000 babies born in our State each year.”

Kathryn Douglas, State Director, South Carolina Chapter March of Dimes

AmeriHealth Caritas Iowa’s member and stakeholder engagement strategies are focused on activities that support improving member access, quality of care and health outcomes with all efficiencies. Specific engagement objectives in our strategy include:

- Informing, supporting and incentivizing members for healthy behaviors, including wellness and disease management
- Eliciting from members and their families, personally meaningful objectives and barriers in order to develop member specific health and wellness plans.
- Providing information about the Iowa High Quality Health Care Initiative and AmeriHealth Caritas Iowa’s services and benefits.
- Supporting providers:
 - Account service model to educate providers on transforming to a quality managed care environment.
 - Minimize administrative tasks so providers can focus on care, e.g., behavioral health outpatient services require no authorization. Delivery patterns are monitored via claims.
 - Rapid Response team is available to assist with a variety of member-related concerns, such as housing, acquiring medication and arranging transport). Providers are encouraged use Rapid Response for help.
 - Provide quality feedback to providers relative to claims and service-delivery patterns to assist them in improving operations and quality of care.
 - Engage and educate caregivers and family advocates to support the disabled and HCBS population.

In addition to the member-focused programs we will offer (detailed in 8.7 of this response), we will engage community stakeholders through specific activities, such as:

- Advisory committee participation: Participation in local advisory committees held by stakeholder groups in Iowa.
- Community events/activities: Leadership and participation in community events for stakeholders.
- Presentations and informational outreach: AmeriHealth Caritas Iowa expects to provide presentations and information outreach to members and stakeholders in the community.

AmeriHealth Caritas engagement strategies are dynamic, tailored for Iowa and carry the full weight of our resources to provide a wide range of community events, outreach and educational programming within the network. Many of these programs and efforts are based on consumer/family input, which allows the opportunity to remain close to matters most important to members and community stakeholders.

To continue this success, efforts to obtain and maintain member, community and family participation will be important. AmeriHealth Caritas Iowa, through its programs, systems and service infrastructure, will be committed to supporting member and stakeholder engagement.

2. Submit your Stakeholder Advisory Board strategy and discuss how meaningful representation from member stakeholder groups will be ensured.

The AmeriHealth Caritas Iowa Stakeholder Advisory Council (SAC) will be an essential vehicle to ensure member engagement and communication among Iowa's High Quality Healthcare Initiative participants and AmeriHealth Caritas Iowa to gain feedback, share best practices and utilize resources most efficiently. Council members will range in experience and will incorporate members (consumers), agencies (service providers) and advocates representing healthcare, the community-at-large, as well as social issues impacting health equity. Insight and feedback from the SAC will be used to make enhancements to programs and processes that may lead to improved customer service (member or provider) and health outcomes.

Purpose and primary functions

The SAC will advise AmeriHealth Caritas Iowa on the health education needs of its members and its community stakeholders. The SAC will also facilitate communication to members and/or providers about quality, programs and services offered to members and the community.

SAC's primary functions will include:

- Identifying members' health education needs and serving as ambassadors by providing information and promoting AmeriHealth Caritas Iowa's health education outreach programs.
- Acting as an advocate for issues that impact AmeriHealth Caritas Iowa's members.
- Assisting in the planning, implementation and evaluation of health education and outreach activities.
- Reviewing and providing meaningful guidance for the development of programs, access standards, practice guidelines and satisfaction surveys.

Goals and objectives of the Stakeholder Advisory Council

To maintain a council that includes consumers, providers, caregivers, advocates and members of the community-at-large and to provide information and recommendations on the health education needs of AmeriHealth Caritas Iowa's members, policy, quality and advocacy-related issues, we will:

- Enhance and facilitate opportunities for SAC members to serve as advocates for critical issues that impact AmeriHealth Caritas Iowa's constituency.
- Collaborate on efforts and align resources that advise and support the development of AmeriHealth Caritas Iowa's health education outreach priorities, programs and initiatives.
- Serve as a focus group to strengthen the role of health education and outreach as the key to meeting requirements of the State, CMS, The Substance Abuse and Mental Health Services Administration (SAMSA) and other regulatory agency requirements if applicable.
- Identify members' health education needs, successful outreach programs and best practices.
- Serve as ambassadors promoting AmeriHealth Caritas Iowa's health education initiatives.
- Provide AmeriHealth Caritas Iowa with input and community feedback.
- Evaluate proposals and ongoing health initiatives.
- Support the development, implementation and evaluation of innovative initiatives, programs, services and activities.

- Assist in the identification of opportunities to improve population health in AmeriHealth Caritas Iowa's community-service area.
- Provide a link back to community constituents to aid in achieving AmeriHealth Caritas Iowa's mission, vision and goals.

Holistic representation from the community

The SAC will be comprised of up to 12 members who are invited/selected by the AmeriHealth Caritas Iowa CEO or designee. Representation on the SAC will be diverse with regard to gender, race, special needs and age, and will include caregivers, members and key community stakeholders from advocacy organizations, faith-based and community-based organizations.

SAC members will have two-year staggered terms. Initially, six members will have one-year terms and six members will have two-year terms. The SAC can elect to ask a member to serve an additional 12-month (one-year) term. The SAC will be chaired and co-chaired by AmeriHealth Caritas Iowa's designee. The chair will serve an unlimited term or as specified by the AmeriHealth Caritas Iowa CEO. The co-chair will serve a two-year term.

It is expected that SAC members will:

- Commit to thoroughly review agenda and supporting meeting materials in advance of meetings and come prepared to discuss and make decisions/recommendations at meeting.
- Attend 100 percent of scheduled meetings (or send a previously agreed alternate).
- Adhere to AmeriHealth Caritas Iowa's code of ethics, confidentiality and conflict-of-interest policies.
- Demonstrate understanding of the mission of the health plan and an interest in the services and community/members served by AmeriHealth Caritas Iowa.
- Educate and inform others in the community about the programs and outreach initiatives of AmeriHealth Caritas Iowa.

3. Describe how feedback obtained from the Stakeholder Advisory Board will be utilized.

As mentioned previously, insight and feedback from the SAC will be used to make enhancements to programs and processes that may lead to improved customer service (member or provider) and health outcomes. Information and meeting summaries will be referred by AmeriHealth Caritas Iowa CEO/designee to the appropriate internal or external parties as deemed appropriate for program, AmeriHealth Caritas Iowa, service enhancements or quality improvements. Questions/issues that cannot to be answered during a meeting will be noted in an issues log and followed up with the relevant AmeriHealth Caritas Iowa leader. The issues log will be posted, distributed and reviewed at each meeting.

8.13 Stakeholder Education

1. Describe your plan for stakeholder education including proposed timelines and topics.

AmeriHealth Caritas Iowa's stakeholder education occurs in many layers in the community, with the ultimate goals to:

- Encourage and incentivize members regarding health education, such as wellness, disease management and post-discharge instruction).
- Support providers with administrative support and healthcare delivery improvement initiatives.
- Provide orientation about the Iowa High Quality Health Care Initiative.
- Provide information about AmeriHealth Caritas Iowa's services and benefits.
- Engage advocates and service providers as collaborators and partners.

We engage members, providers and advocates at various levels to explore synergies, leverage resources and encourage program participation and awareness. AmeriHealth Caritas Iowa is proposing similar strategies that have been successful in other markets, but will be customized to Iowa's needs, including engaging stakeholders on various plan councils and committees, as well as seeking opportunities for AmeriHealth Caritas Iowa associates to engage with external committees. Our community teams, comprised of community wellness centers and Social Services Expert Units, will act as additional avenues for stakeholder engagement and education. We will also incorporate participation in and support of community- and AmeriHealth Caritas Iowa-driven activities that increase member, provider, advocate and community engagement. Some of the programs we anticipate for Iowa include:

- 4 Your Kids Care.
- Community baby showers.
- Asthma education.
- Smoking cessation.
- Autism education and support.
- Recovery resources and support.
- Health disparities/health equity education.
- Housing/employment support.
- Caring for the caregiver.
- Empower the Advocate.
- Wellness (weight control, nutrition, cardiovascular health).
- Medication adherence.
- Alzheimer's disease awareness.
- Healthy living.
- Exercise and movement for seniors.

Proposed timelines for these activities are ongoing. They may take place as a series or a single episode based on program design/activity and in locations throughout the State to facilitate maximum participation. An approximate and high-level overview of our stakeholder education relative to go-live on January 1st is as follows:

Timeline relative to go-live	Activities / Topics
180 days prior	Engagement with current relationships that have been built and other key groups to help educate and prepare for a new program in the State.
120 days prior	Marketing and member education materials submitted to the State for approval.
90 days prior	Education and communication to stakeholders and members regarding go-live, AmeriHealth Caritas Iowa programs and available support.
60 days prior	Continuing member and stakeholder education in preparation for launch.
Go-live and beyond	Ongoing stakeholder education specifically designed around Iowa-specific AmeriHealth Caritas programs and stakeholder needs.

Exhibit 8.13-A: Stakeholder Education Timeline and Proposed Activities/Topics

2. Describe how you will identify and outreach to stakeholders.

AmeriHealth Caritas Iowa has engaged various stakeholders to identify service gaps, best practices and potential collaborations that can add value and improve service delivery and health outcomes in Iowa. As also described in 8.12, stakeholders include grassroots organizations, faith-based organizations, service providers, advocates, providers and many others. We will continue to identify stakeholders that help our members and providers through collaborations with the Department of Public Health, DHS, and others.

Below are examples of our ongoing outreach and collaboration with stakeholders in Iowa:

- During a meeting with CISS' founder, we identified an opportunity to transition case management services within the program operations and developed a recovery room that will be used to support a quicker and more effective transition model.
- The Iowa Medical Society (IMS) shared the success it has had facilitating roundtables throughout the State with key providers. AmeriHealth Caritas Iowa is partnering with IMS to ensure that providers fully understand managed care and how to partner with our company. ISM also shared information about its weekly newsletter that is distributed to all office managers and will be made available for us to educate and engage providers.
- AmeriHealth Caritas Iowa is working with the Community Action Agency (CAA) to educate key social service leaders throughout the State by developing educational webinars and orientations for the 17 CAAs across the State. Educating parents on managed care is one of the executive director's biggest concerns based on previous experiences with the Hawkeye implementation. We will develop a strong, new-member, Medicaid-managed-care orientation presentation and materials to share with organizations like CAA.
- The Iowa Behavioral Health Association is identifying key long-term advocates for us to discuss and establish an advisory committee for establishing an education process for physical health providers. The discussion was focused on the need to increase communication between MH/BH/SA providers and PCPs.
- The Disability Rights Association of Iowa provided some real-life examples of the need to establish transportation in the urban and rural communities. The Association shared specific policies that create barriers to accessing prevention and acute services for the population. Engaged customer service and the use of appropriate vehicles are critical for success in order to move the population into using preventive services.
- We are supporting the Iowa Area Association on Aging as it develops a six-region program by connecting them with other AAA's around the country to build a contracting vehicle to provide coordinated HBCS services statewide.

In all of our markets, AmeriHealth Caritas has engaged stakeholders to provide awareness about the managed care program, community resources and other timely topics, including policy or health topics, such as flu prevention, breast cancer/cervical cancer screenings, parent support programs, mental health resources and autism awareness. As also mentioned in 8.12, stakeholders will be engaged to participate on various committees and councils, for example, the Stakeholder Advisory Council (SAC), the FQHC Council and the Quality Committee.

8.14 Implementation Support

1. Describe proposed strategies to support members during program implementation.

AmeriHealth Caritas Iowa will be fully engaged with members during program implementation and transition to our health plan. As mentioned earlier, we have a “no wrong door” approach to our interactions with members and this includes the implementation process. AmeriHealth Caritas Iowa will publicize methods for members to obtain support and ask questions. Resources will include:

- AmeriHealth Caritas Iowa website.
- Member Handbook.
- Additional informational mailings.
- Member Services helpline.

During implementation, new members will receive a call welcoming them to AmeriHealth Caritas Iowa. During that call, the member will be educated on the plan website and the Member Handbook. The welcome call also includes completion of the health risk assessments, which is then loaded into Jiva, our population health-management system, to identifying any health needs a member may have, and to assist the new member in scheduling an initial appointment. The Member Services helpline is available 24 hours a day, 7 days a week, 365 days a year to answer all member questions regarding implementation support and navigation through AmeriHealth Caritas Iowa.

8.15 Grievances, Appeals, and State Fair Hearings

1. Describe in detail your system for resolving inquiries, grievances, and appeals, including how your system ensures all policy and processing requirements are met.

Our grievance and appeals system will be based on a proven and rigorous process similar to those implemented by AmeriHealth Caritas in its participating states, customized and specific to meet Iowa requirements. All employees performing review of all grievance and appeals will have clinical training and extensive experience.

Iowa Medicaid members have the right to express dissatisfaction and expect unbiased resolution of their issues. AmeriHealth Caritas Iowa will recognize the rights and responsibilities of members and providers acting on a member’s behalf to engage in the grievance system, which comprises the grievance process, appeals process and State fair hearings. AmeriHealth Caritas Iowa’s grievance system associates will be trained in policies, procedures and processes of the grievance system. They will also have relative experience and clinical expertise, in addition to certification and/or licensure.

AmeriHealth Caritas Iowa will have an internal process to receive, track, resolve and report on grievances from its members. The appeal process will include an administrative review process and access to the State fair hearing system. The appeals process will include an internal process that must be exhausted prior to the member accessing a State fair hearing.

We will have written policies and procedures that describe the required components and detailed operation of the health plan’s grievance system. The grievance system will consist of a grievance, appeal and State fair hearing processes. The policies and procedures will be available in the member’s primary language. In addition, the Grievance System and Appeals Process Policies and Procedures will be submitted

to the DHS for initial review and approval. The Grievance System and Appeals Process Policies and Procedures will be updated annually.

As part of our policy, AmeriHealth Caritas Iowa will advise and inform members of the process for filing an expedited or standard appeal and access to the State fair hearing process through member publications and materials, such as the Member Handbook and notice of action). The information provided to members will contain, among other things:

- The toll-free telephone number and business address to file an appeal or a State Fair Hearing request, obtain information about the process or request information about the status of an appeal or State fair hearing.
- Information about the availability of staff to assist with the appeal or State fair hearing process.

We also will advise providers of the process for filing an expedited or standard appeal and access to the State fair hearing process on behalf of a member (with their written content) via the provider manual, provider publications and other written communications.

Definitions

- **Action:** An action, as defined in 42 CFR 438.400(b) is the: (i) denial or limited authorization of a requested service, including the type or level of service; (ii) reduction, suspension or termination of a previously authorized service; (iii) denial, in whole or in part, of payment for a service; (iv) failure to provide services in a timely manner, as defined by DHS; (v) failure of the Contractor to act within the required time frames set forth in 42 CFR 438.408(b); or (vi) for a resident of a rural area with only one Contractor, the denial of a member's request to exercise his or her right, under 42 CFR 438.52(b)(2)(ii), to obtain services outside the network, if applicable).
- **Appeal:** A request for review of an action. It is a clear expression by the member, or the member's authorized representative, following a decision by the Contractor, that the member wants the decision reconsidered and reviewed. The Appeal Review Committee is a committee that includes one or more employees of the Contractor, including a licensed physician, who was not involved in any previous level of review or decision-making on the subject of the appeal.
- **Grievance:** As defined in 42 CFR 438.400(b), is an expression of dissatisfaction about any matter other than an "action."
- **Medically necessary services:** Those covered services that are, under the terms and conditions of the Contract, determined through Contractor utilization management to be:
 - Appropriate and necessary for the symptoms, diagnosis or treatment of the condition of the member.
 - Provided for the diagnosis or direct care and treatment of the condition of member, enabling the member to make reasonable progress in treatment.
 - Within standards of professional practice and given at the appropriate time and in the appropriate setting.
 - Not primarily for the convenience of the member, the member's physician or other provider.
 - The most appropriate level of covered services, which can safely be provided.

- **Notice:** Notice means a written statement of the action the Contractor has taken or intends to take, the reasons for the action, the member's right to file an appeal and request a fair hearing with the DHS and the procedures for exercising that right.

To ensure that our grievances and appeals process has integrity for our members, we guarantee that decision makers on grievances and appeals were not involved in the previous level of review or decision making involving the matter under consideration.

The appeal process will include the member grievance coordinator forwarding the administrative or clinical appeal to the Medical Management Appeals department for investigation. The initial review performed by the appeals coordinator will include collection of the following information: research of member appeal request, initial clinical information, initial denial letter, initial denial reason, benefit rules and case documentation. All individuals who participate in the appeal review are documented in the appeals case, which serves as a tracking mechanism to determine that any decision makers were not involved in any previous level of review.

Details of our appeals policy and procedures

Policy overview

- The Contractor does not charge member a fee for filing an appeal.
- The Contractor designates and trains sufficient staff to be responsible for receiving, processing and responding to an appeal in accordance with the requirements of the policy.
- The Contractor staff performing the appeal review has the necessary training, clinical expertise and experience to make an informed and impartial determination regarding issues assigned to them.
- The Contractor ensures that any healthcare professional involved in the review, resolution or clinical determination of an appeal is licensed in the State of Iowa and has appropriate training and clinical expertise in treating a member's condition or disease when deciding to file a(n):
 - Appeal of a denial based on lack of medical necessity.
 - Grievance of denial of expedited resolution of an appeal.
 - Grievance or appeal involving clinical issues.
- The Contractor does not use the time frames or procedures of the appeal process to avoid the medical decision process or to discourage or prevent the member from receiving medically necessary care in a timely manner.
- The Contractor accepts a member's appeal verbally or in writing.
- The member will have access to a toll-free number that can be used to file an appeal.
- The Contractor accepts an appeal from individuals with disabilities in alternative formats, including TTY/TDD, Braille, audio tape, computer disk and other commonly accepted alternative forms of communication. The Contractor informs employees who receive telephone appeals of the speech limitation of some members with disabilities so they can treat these individuals with patience, understanding and respect.
- The Contractor offers members the assistance of the Contractor associates throughout the grievance and appeal process at no cost to the member.

- The Contractor ensures that anyone who participates in making the decision on an appeal was not involved in and is not the subordinate of anyone who was involved in any previous decision making in the case at issue.
- The Contractor permits the member, the parent, guardian or member representative of a minor, member child or the authorized representative or estate representative of a deceased member, including a provider who has the member's written consent, to file an appeal.
- A representative with proof of the member's written authorization of consent may be involved and/or act on the member's behalf to file an appeal either verbally or in writing. The written authorization or consent must comply with applicable laws, Contract requirements and Contractor procedures.
- At any time before or during the appeal process, the member or their authorized representative may request access to and copies of all documents, criteria, records and other information relevant to the subject of the appeal. This information is provided at no charge to the member.
- The Contractor documents the substance of the appeal and any actions taken. A full investigation of the substance of the appeal, including any aspects of clinical care involved, is performed.
- Oral request for an appeal is committed to writing by the Contractor and provided to the member and member representative for signature via the acknowledgement letter. If the member or member representative's signature is not received, the appeal will not go forward.
- The Contractor provides foreign language interpreter services when requested by a member, at no cost to the member.
- The Contractor will ensure that retaliatory action is not taken against a provider who either requests an expedited resolution of an appeal or supports a member's request for an expedited review of an appeal.
- The member or authorized representative has the opportunity to submit written documents, comments or other information relating to the appeal and to present evidence and allegations of fact or law in writing, to the appeal committee.
- The Contractor may provide an attorney to represent the interests of the committee and to ensure the fundamental fairness of the review and that all disputed issues are adequately addressed. In the scope of the attorney's representation of the committee, the attorney will not argue the Contractor's position or represent the Contractor or the Contractor associates.
- A committee member who does not personally attend the review may not be part of the decision-making process unless that committee member actively participates in the review by telephone and has the opportunity to review all information introduced during the review.
- In addition to the appeal process, the member and their representatives may also pursue issues through the separate State fair hearing process. The member or their authorized representatives may file a request for a State fair hearing once the member has exhausted the Contractor's appeal process.
- A member can have all notices related to the appeal process in a culturally and linguistically appropriate manner. The staff will review and document the language of the member in the appeal file so that the member will receive all correspondence in the appropriate language and format.
- The Contractor will conduct semi-annual training (at a minimum) for its associates regarding the appeal and State fair hearing process.

Appeal procedure

- The Contractor will recognize that the member or the member's representative may file an appeal within 30 calendar days from the date of the action notice.
- The Contractor shall resolve the appeal as expeditiously as the member's health condition requires, but no more than 30 calendar days after receipt of the appeal.
- The time frame for a standard resolution of an appeal may be extended by 14 days if the member requests the extension. If the time frame is extended by the Contractor, the Contractor must give the member written notice of the reason for the delay.
- If the time for issuing a decision and/or a service authorization decision is extended, the Contractor must issue and carry out its determination as expeditiously as the member's health condition requires and no later than the date on which the extension/extended period expires.
- When verbal appeals are received, the associate receiving the appeal informs the member of the need to follow the verbal request with a written signed appeal. The associate will acknowledge the appeal in a letter and send the letter to the member to sign. The associate forwards the verbal request for appeal to the appeal coordinator.
- When written appeals are received, the appeal is time and date stamped and forwarded immediately to the appeal coordinator.
- Within three business days of receipt of a standard appeal, an acknowledgement letter will be sent. This will include instructions for completing a written signed appeal request (for use if the appeal was requested verbally).
- If an appeal is filed to dispute a decision to discontinue, reduce or change a service/item that the member has been receiving, the member continues to receive the disputed service/item at the previously authorized level pending resolution of the appeal until one of the following occurs:
 - The appeal is filed within 10 days from the mail date on the envelope of the notice of action.
 - By the effective date listed in the notice of action, whichever is later, and the original period covered by the original authorization has not expired.
 - The Contractor will keep services in place until one of the following occurs:
 - Member withdraws the appeal.
 - Ten days after the resolution of an appeal against the member unless the member requests a State fair hearing within the appropriate time frame.
 - Appeal period or service limits of the previous authorized service have been met.
- The appeal coordinator logs the appeal request in the Contractor's electronic reporting system.
- The substance of the appeal is documented and a full investigation is completed.
- The committee receives a written report from a licensed physician or other appropriate provider in the same or similar specialty that typically manages or consults on the service/item in question.
- The appeal is presented to the appeal committee. The committee will include at least a physician with appropriate experience or credentials if the appeal is clinical.
- The committee prepares a summary of the issues presented and decisions made, which is maintained as part of the appeal record.

- A written notification regarding the appeal determination is issued within the established time frames. If the Contractor completely overturned the denial, the appeal notice reflects that decision and the date on which the decision was made.
- Services will be put in place within five days of approval or as expeditiously as the member's health condition requires.
- If the Contractor upholds the denial, the appeal notice includes:
 - The specific reasons for the appeal decision, in easily understandable language.
 - A reference to the benefit provision, guideline, protocol or other similar criterion on which the appeal decision was based.
 - Notification that the member, upon request, can obtain a copy of the actual benefits provision, guideline, protocol or other similar criterion on which the appeal decision was based.
 - Notification that the member is entitled to receive, upon request, reasonable access to and copies of all documents relevant to the appeal. Relevant documents include documents or records relied upon in making the appeal decision and documents and records submitted in the course of making the appeal decision.
 - A list of titles and qualifications, including the specialty of the physicians participating in the appeal review.
 - The appeal decision notice must be mailed within five business days after the date of the decision.
 - Information on how to initiate a State fair hearing.
 - How to keep services in place pending the State fair hearing.
 - The Contractor shall direct the member to the DHS appeal and request for hearing form as an option for submitting a request for an appeal.
 - This shall also include notice that the member may be held liable for the cost of those benefits if the hearing upholds the Contractor's action.

Expedited appeal

An expedited appeal may be requested if the member or member representative believes that the member's life, health or ability to attain, maintain or regain maximum function would be placed in jeopardy by following the standard appeal process. An expedited appeal review may be requested either verbally or in writing. The Contractor shall also provide general and targeted education to members regarding expedited appeals including when an expedited appeal is appropriate and procedures for providing written certification thereof.

- The Contractor must receive a signed provider certification that the member's life, health or ability to attain, maintain or regain maximum function would be placed in jeopardy by following the standard appeal process.
- The Contractor shall resolve an expedited appeal within three days from the date that the provider certification is received.
- If an expedited resolution is denied, the appeal is processed as a standard appeal. The member is given prompt verbal notice that their expedited appeal was denied, followed up with a written notice within two business days.

- If an appeal is filed to dispute a decision to discontinue, reduce or change a service/item that the member has been receiving, the member continues to receive the disputed service/item at the previously authorized level pending resolution of the appeal:
- The appeal is filed within 10 days from the mail date on the envelope of the notice of action.
- By the effective date listed in the notice of action, whichever is later.
- The original period covered by the original authorization has not expired.
- The expedited appeal is logged by the Contractor.
- The substance of the appeal is documented and a full investigation is completed.
- The committee receives a written report from a licensed physician or other appropriate provider in the same or similar specialty that typically manages or consults on the service/item in question.
- The appeal is presented to the appeal committee. The committee must include a physician with appropriate experience or credentials.
- The committee prepares a summary of the issues presented and decisions made, which is maintained as part of the appeal record.
- The member and provider will be notified of the appeal outcome via a telephone call immediately, again the same day and no later than two days after outcome. Attempts to reach the member and the provider will be documented. Written notification regarding the appeal determination will be sent within the established time frames. If the Contractor completely overturned the denial, the appeal notice reflects that decision and the date on which the decision was made.
- Approved services will be authorized or provided within one day.
- If the Contractor upholds the denial, the appeal notice includes:
 - The specific reasons for the appeal decision, in easily understandable language.
 - A reference to the benefit provision, guideline, protocol or other similar criterion on which the appeal decision was based.
 - Notification that the member, upon request, can obtain a copy of the actual benefits provision, guideline, protocol or other similar criterion on which the appeal decision was based.
 - Notification that the member is entitled to receive, upon request, reasonable access to and copies of all documents relevant to the appeal. Relevant documents include documents or records relied upon in making the appeal decision and documents and records submitted in the course of making the appeal decision.
 - The appeal decision notice must be mailed at least 10 days before the date of action, except as permitted under 42CFR 431.213 and 431.214.
 - A list of titles and qualifications, including the specialty of the physicians or clinicians participating in the appeal review.
 - Information on how to initiate a State fair hearing
 - How to keep services in place pending the State fair hearing.
 - The Contractor shall direct the member to the DHS appeal and request for hearing form as an option for submitting a request for an appeal.
 - This shall also include notice that the member may be held liable for the cost of those benefits if the hearing upholds the Contractor's action.

State fair hearing

For appeals not resolved wholly in favor of the member, the written notice must include the right to request a State fair hearing, including the procedures to do so and the right to request benefits while the hearing is pending, including instructions on how to make the request. The Contractor shall direct the member to the DHS appeal and request a hearing form as an option for submitting a request for an appeal. This shall also include notice that the member may be held liable for the cost of those benefits if the hearing upholds the Contractor's action.

- The Contractor shall permit the member, the member's authorized representative or a provider on behalf of a member with the member's written consent to request a State fair hearing within 90 calendar days of the date of notice from the Contractor on an appeal decision to request a State fair hearing.
- The Contractor shall recognize that parties to the State fair hearing include the Contractor as well as the member and his or her representative, or the representative of a deceased member's estate.
- The Contractor shall provide each member with notice in writing of the member's rights to request a State fair hearing in the case of a dispute involving the denial, delay, termination or reduction of an item or service.
- The Contractor shall ensure this notice (regarding the member's rights to request a State fair hearing) contains the following:
 - If benefits are continued or reinstated while the appeal is pending, the benefits must be continued until one of the following occurs:
 - The member withdraws the request.
 - Ten days pass after the Contractor has mailed the notice of an adverse decision, unless a State fair hearing has resolved the matter.
 - The time period or service limits of a previously authorized service has been met.
- If the final resolution of the appeal is adverse to the member, that is, it upholds the Contractor's action, the Contractor may recover the cost of the services furnished to the member while the appeal is pending, to the extent that they were furnished solely because of the requirements to maintain benefits in accordance with 42 CFR 431.230 and 42 CFR 438.420.
- In accordance with 42 CFR 438.424, if the Contractor or State fair hearing officer reverses a decision to deny, limit or delay services that were not furnished while the appeal was pending, the Contractor must authorize and provide the disputed services promptly and as expeditiously as the member's health condition requires. If the Contractor or the State fair hearing officer reverses a decision to deny authorization of services, and the member received the disputed services while the appeal was pending, the Contractor must pay for those services
- The Contractor shall comply with the State fair hearing board's decision. The State fair hearing board's decision in these matters shall be final and not subject to appeal by the Contractor.
- The Contractor shall, if notified of the State fair hearing board's decision to reverse a decision, authorize or provide the service no later than two business days after reversal or notification of reversal. In cases involving an expedited appeal, services shall be authorized or provided within 24 hours of the reversal.

Reporting and monitoring

The Contractor shall submit the following reports to their internal Quality Review Committee and DHS/State governing body on appeals and State fair hearings:

- A quarterly appeals report which includes, at a minimum:
 - The number of appeals filed by type and their resolutions.
 - The number of expedited appeals filed by type and their resolutions.
 - Average number of days to process a standard appeal and an expedited appeal.
- An annual summary of all, appeals, and State fair hearings by type and resolution.
- A quarterly report on the number of State fair hearings by type and resolution.

AmeriHealth Caritas Iowa will use the appeals procedure to continually improve processes and better serve our members. Our responsibilities will include documenting individual appeals and State fair hearings in our medical management documenting system, coordinating resolutions for completion, tracking data and reviewing grievances with and appeals for trends using an internal database and medical management logs. Compliance the policy, regulatory and accreditation requirements are monitored via internal reports and/or case file reviews.

2. Describe your proposed exception to Contractor policy process.

AmeriHealth Caritas does not have an exception process; however, we will work with our members to get the services they need as we continue to do within other AmeriHealth Caritas affiliates in other States. As an example, if a member needs a home modification, we will help our member find a solution. While we may not finance the service, we help facilitate identifying solutions for our members.

The process to review decisions overturned in State fair hearings are reviewed by the medical management appeals manager and documented and coordinated with other Contract departments for completion and resolution.

Contractor decisions overturned in State fair hearings are processed promptly and as expeditiously as the member's health condition requires if the services were not furnished while the appeal is pending and the Contractor or the hearing decision reverses a decision to deny, limit or delay services.

We will pay for disputed services if the Contractor or State fair hearing decision reverses a decision to deny authorization of services and the member received the disputed services while the appeal was pending.

Adverse decisions received as the result of a State fair hearing are reviewed for performance management, policy and internal process changes to enhance improvement of the grievance system.

Attachment 8.7-A: Diabetes Educational Material (example)

Knowledge is Power!

The more you know about diabetes, the more power you can have over this disease. A great way to start is to learn about the exams or tests you need. Diabetes can affect many parts of your body. Because of this, you need to have regular checkups—to catch problems early. You also need to know your results. Remember, Knowledge is Power!

On the back of this sheet is a diabetes exam log. You can write the results of your tests on it to track your progress. Take this sheet with you to the doctor. Your doctor can help you fill out the form. Ask what your target results should be. They are not the same for everyone. Keep this log where you will remember to take it with you to the doctor.

Know your numbers.

Blood pressure:

Try to keep this below 130/80 to lower your risk of heart and blood vessel problems.

Foot exam:

Check your feet daily for redness, cuts, sores and blisters. Your doctor should also check your feet at every visit.

Weight: Track your weight.

Even small changes in weight can make a big difference in your blood sugar levels.

Dilated eye exam (once a year):

Make sure the eye doctor dilates your eyes to check your retina. This is important even if you can see fine. They can catch and treat eye problems early and save your vision.

A1C (at least twice a year):

This test tells your average blood sugar level over the last 3 months. This should usually be less than 7.

LDL level (once a year):

This is the "bad" cholesterol. Keep it under 100.

Microalbumin test (once a year):

This tests for protein in the urine, which is often the first sign of kidney problems.



Heart:
get your blood tested!



Kidneys:
get your urine tested!



Eyes:
get your eyes tested!

Take this form with you to every doctor visit.

Diabetes exam log for: _____ Date: _____

Doctor name: _____ Doctor phone number: _____

Blood Pressure (each visit)				Usual goal: below 130/80			My target:			
Date										
Result										

Foot Exam (each visit)							My target:			
Date										
Result										

Weight (each visit)							My target:			
Date										
Result										

A1C (every 3 to 6 months)				Usual goal: below 7			My target:			
Date										
Result										

Dilated Eye Exam (once a year)							My target:			
Date										
Result										

LDL (once a year)				Usual goal: below 100			My target:			
Date										
Result										

Microalbumin (once a year)							My target:			
Date										
Result										

If you have any questions about diabetes or would like to speak to a nurse, please call X-XXX-XXX-XXXX.

This is to help you learn about your health condition. It is not to take the place of your doctor. If you have questions, talk with your doctor. If you think you need to see your doctor because of something you have read in this information, please contact your doctor. Never stop or wait to get medical attention because of something you have read in this material.

You can have this information in other languages and formats at no charge to you.
You can also have this interpreted over the phone in any language. Call Member Services 24 hours a day, 7 days a week at **1-888-756-0004**. For TTY, call **1-866-428-7588**.

NB-1522-11

Quý vị có thể có thông tin này bằng các ngôn ngữ và định dạng khác miễn phí.
Quý vị cũng có thể có thông tin này thông dịch ra bất kỳ ngôn ngữ nào qua điện thoại.
Xin gọi Dịch vụ Thành viên phục vụ 24 giờ/ngày, 7 ngày/tuần theo số **1-888-756-0004**.
Đối với người sử dụng TTY, xin gọi số **1-866-428-7588**.

Usted puede tener esta información en otros idiomas y formatos sin costo alguno para usted. También puede tener esto interpretado por teléfono en cualquier idioma. Llame a Servicios al Miembro al **1-888-756-0004** las 24 horas del día, los 7 días de la semana. Para TTY, llame al **1-866-428-7588**.

Attachment 8.7-B: Cardiovascular Health Educational Material (example)

Important Health Information for You

Actions for a Healthy Heart

Stop or significantly reduce smoking.

- It's never too late to quit smoking! No matter how long or how much you have smoked, your risk of serious heart disease drops as soon as you quit.
- Whenever possible, avoid secondhand smoke.
- If you know you have a smoking problem, let us get you connected with someone who can help.

Limit alcohol.

- Alcohol is a stimulant and causes your heart to work harder. Alcohol in excess affects your ability to remember things and take care of yourself.
- Excessive alcohol also can cause liver disease. It can interfere with or prevent your heart medication from working properly.
- Check with your doctor about drinking alcohol while taking prescription or over-the-counter medication.
- If you know you have an alcohol problem, let us connect you with someone who can help.


Prevent obesity. Lose weight.

Extra pounds require your heart and lungs to work hard. Tips for a successful weight loss program:


- Increase regular physical activity.
- Reduce calories.
- Change eating habits to include more vegetables, fruits and grains, as well as less fat.
- Check with your doctor before going on a diet.

Heart Failure - Action Plan

Part of feeling your best includes knowing and reporting early signs and symptoms of heart trouble. Having an action plan is an important part of your treatment.



Quick tip:
Spend 10 minutes
each day reading or
thinking alone.



Actions for a Healthy Heart continued

Use this chart as a quick reference to help you to decide the best course of action.

Call Your Doctor if

- You wake up at night short of breath. You have to sit up. You have to use more pillows. You need to use oxygen to catch your breath.
- You are shorter of breath than usual doing normal activities.
- Your ankles and feet are swollen more than usual.
- Your clothes feel tighter than usual around the waist.
- You gained 3 or more pounds in a day or you gain 5 pounds in a week.
- You have a new cough or you cough at night.
- You have problems urinating or you are not urinating.
- You are more tired or you have less energy than usual.
- You have a loss of appetite.
- You are in the hospital or you go to the emergency room.

Call 911 if

- You have new or worsening (different from usual) pain, pressure, dullness or heaviness in your chest.
- You take 3 nitroglycerine tablets at 5-minute intervals, and there's no relief for your chest pain within 15 minutes.
- You are suddenly short of breath, and you cannot catch your breath.
- You have sudden and constant numbness or weakness in any part of your body for more than 10 minutes.
- You have a sudden loss of speech or vision.

This is to help you learn about your health condition. It is not to take the place of your doctor. If you have questions, talk with your doctor. If you think you need to see your doctor because of something you have read in this information, please contact your doctor. Never stop or wait to get medical attention because of something you have read in this material.

You can have this information in other languages and formats at no charge to you. You can also have this interpreted over the phone in any language. Call Member Services 24 hours a day, 7 days a week at **1-888-756-0004**. For TTY, call **1-866-428-7588**.

Quý vị có thể có thông tin này bằng các ngôn ngữ và định dạng khác miễn phí. Quý vị cũng có thể có thông tin này thông dịch ra bất kỳ ngôn ngữ nào qua điện thoại. Xin gọi Dịch vụ Thành viên phục vụ 24 giờ/ngày, 7 ngày/tuần theo số **1-888-756-0004**. Đối với người sử dụng TTY, xin gọi số **1-866-428-7588**.

Usted puede tener esta información en otros idiomas y formatos sin costo alguno para usted. También puede tener esto interpretado por teléfono en cualquier idioma. Llame a Servicios al Miembro al **1-888-756-0004** las 24 horas del día, los 7 días de la semana. Para TTY, llame al **1-866-428-7588**.

All images are used under license for illustrative purposes only.
Any individual depicted is a model.

NB-1522-11

Attachment 8.7-C: Depression Educational Material (example)



Brighter Days Ahead

A guide to help you understand
your moods and feel better

Everyone responds to life's ups and downs differently.

Life is full of surprises. Some days are good and others are not so great. One thing is certain — life can be hard. Everyone feels sad at times. These feelings are usually short-lived and pass in a couple of days. But when the sad feelings hang on and don't seem to get better, it could be a sign of a health problem called depression.

For people with depression, life can be a daily struggle. When the challenges of family, work and school put a strain on one part of us, it can affect the other parts, too. Over time, the stress of daily mental struggles takes a toll on physical health. So, to protect your overall health, it's important to get in touch with your feelings and be aware of how they affect your behavior.

Here's a tool doctors use to check patients' mental health. It can show if someone is just sad or actually depressed. It's called the Patient Health Questionnaire-9 (PHQ-9). Answer each question and don't leave any blanks. This could help show if you have depression and, if so, how severe it is. Knowing this is the first step to improving your overall well-being.



Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

0 + + + +

 = Total

If your total is [#] or more, you may have a mental health condition called major depression.

It helps to monitor your mood, energy and sleep

If you do have depression, the road to wellness begins with the decision to help yourself. This is true no matter how depressed you feel. The symptoms of depression can be different for each person. So it's important to be aware of how you feel and act throughout the day. Keeping track of your mood, energy levels and how much sleep you get each night will help you understand your condition and learn ways to get better.

For example, depression can lower self-esteem. This could make you feel bad about yourself, like you're not worthy of a good quality of life. Identifying things that trigger these types of thoughts and feelings gives you the power to change them from negative to positive.

That's why it's a good idea to keep a mood journal. It actually lets you see how you feel. Use the chart on page 5 to help you get started thinking about your mood, energy and sleep habits.



How are you really feeling?

Overall, how has your depression been the past 2 weeks?



On average, how much sleep did you get per day in the past 2 weeks?

0 hours

1 hour

2 – 3 hours

4 – 6 hours

6 – 10 hours

10+ hours

Write down 3 things you enjoy doing.

How many times did you do at least 1 of these things in the past 2 weeks?

0 times

1 time

2 – 3 times

4 – 6 times

6 – 10 times

10+ times

Who are 3 people you feel support you?

How many times have you talked to at least 1 of these people in the past 2 weeks?

0 times

1 time

2 – 3 times

4 – 6 times

6 – 10 times

10+ times

What is a problem you are struggling with right now?

How can you break this problem into smaller parts? What are some things you can do to make this better?

It's also important to keep track of big mood swings. If you have been overly sad or overly happy for more than 2 weeks, talk to your doctor. This can be a sign of a mental health problem. Take your mood journal or the chart you completed here to your doctor. It can help your doctor find the best treatment for you.

The power to change

Taking care of your mental health is just as important as taking care of your physical health. Improving mood and energy level can be hard for someone with depression — but it can be done. Start slow. Use these tips on your journey to wellness:

- **Stay active.** Exercise can take your mind off the day-to-day worries and release chemicals in your brain that make you feel good. Being active over time can give you more energy. It can help you sleep better at night. Take a short walk, dance around the house, work in the garden or take a bike ride. No matter how you choose to be active, keep your body moving for at least 30 minutes each day. Children should be active for at least 60 minutes each day.
- **Eat healthy foods.** In addition to exercise, eating healthy foods can boost your energy throughout the day. Be sure to get plenty of fruits and vegetables and drink lots of water.
- **Find support.** Try not to spend too much time alone. Spend time with friends or family who support you. It may help to share your thoughts with the people you trust.
- **Break down tasks.** For your tasks and responsibilities, break them down into smaller parts. Do a little bit each day, even though you might not feel like it. Set priorities and do what you can.
- **Be positive.** Push negative thoughts out of your mind and focus on the positive. Try to find small things that you enjoy or that make you laugh.
- **Don't use alcohol or drugs.** Depression and substance abuse are often linked together. Drugs and alcohol can also make your symptoms worse. Only take medicines as directed by your doctor.
- **Boost your self-esteem.** There are plenty of healthy ways to deal with life's struggles. Do things that make you happy, and keep up with healthy hobbies you may have. Make a list of your good qualities and the things you like about yourself.
- **Try to understand your conditions.** It takes time to get better when you have depression. But if you follow these tips, you'll see your mood improve little by little. If you have questions, ask your doctor. He or she may be able to recommend some books about what you are going through.

Seeing a doctor can help

Most people are familiar with seeing doctors when they don't feel well physically. But if you don't feel well emotionally, it is often harder to ask for help. You may be afraid no one will understand or that you'll be judged. But there's no reason to feel ashamed. You are not alone.

If you think you may be depressed, please visit your doctor. Bring your mood journal and the PHQ-9 you completed in this guide. Tell the doctor how you have been doing and what steps you have taken or need to take to improve your mental health.

Some types of depression can be treated just by talking to someone, like a counselor or health professional. Your doctor can help you find the right person to contact. Other types of depression may need medicines. Your doctor may prescribe antidepressants or other medicine for you. Take these medicines only as directed.

During your doctor appointments, your doctor will ask you questions. Some questions may be uncomfortable or different from what you are used to hearing. Your doctor may ask about your symptoms, family history, domestic abuse, or drug and alcohol use. Being honest will help the doctor make the right decisions for you.

It takes courage to admit signs of mental illness and even more courage to ask for help. Medications, therapy and other methods can treat people with depression. There is plenty of support available. We are here for you.

If you need to see a doctor about your depression, call [Health Plan] Member Services at [1-555-555-5555]. If you are having a crisis, call 9-1-1.

Remember: Your mental health is important to your overall health. **Start with 3 small changes and see if you begin to feel better after 3 months.** You can do it. Your happiness depends on it.

Sources:

Centers for Disease Control and Prevention and U.S. Department of Health and Human Services. The PHQ-9 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

Burns, David D., M.D., *Feeling Good* (New York, N.Y.: HarperCollins Publishers Inc., 1980).

Attachment 8.2-A: Welcome brochure example

**Quality care
you deserve**

AmeriHealth Caritas Iowa is a member of the AmeriHealth Caritas Family of Companies. Together, we have experience serving Medicaid members just like you. We are focused on making sure your family gets the care they deserve. Our mission is simple: help people get care, stay well and build healthy communities.

Welcome
We care about you
and your family.


NB-1522-11


Member Services
xxx-xxx-xxxx

You can have this information in other languages and formats at no charge to you. You can also have this interpreted over the phone in any language. Call Member Services 24 hours a day, 7 days a week at 1-888-756-0004. For TTY, call 1-866-428-7588.

Quý vị có thể có thông tin này bằng các ngôn ngữ và định dạng khác miễn phí. Quý vị cũng có thể có thông tin này thông dịch ra bất kỳ ngôn ngữ nào qua điện thoại. Xin gọi Dịch vụ Thành viên phục vụ 24 giờ/ngày, 7 ngày/tuần theo số 1-888-756-0004. Đối với người sử dụng TTY, xin gọi số 1-866-428-7588.

Usted puede tener esta información en otros idiomas y formatos sin costo alguno para usted. También puede tener esto interpretado por teléfono en cualquier idioma. Llame a Servicios al Miembro al 1-888-756-0004 las 24 horas del día, los 7 días de la semana. Para TTY, llame al 1-866-428-7588.

All images are used under license for illustrative purposes only.
Any individual depicted is a model.



As an AmeriHealth Caritas Iowa member, you get extra benefits like:

- Adult dental: 2 exams with cleaning and 1 set of X-rays per year. Limited fillings and/or extractions. (Package value is \$500 per year.)
- Adult vision: exam with \$10 copay and \$100 discount on glasses or lenses every 2 years.
- Health Care Rewards Program:
 - \$10 gift card for each household completing the plan orientation.
 - \$20 gift card for members over 21 who get a primary care practitioner (PCP) visit in the first 90 days.
 - \$20 gift card for children ages 3 – 21 who get an annual visit to their PCP when they are well.
 - Up to \$75 in gift cards for completing expected prenatal and postpartum visits.
- Free cell phones with 250 minutes per month.
- Extra medication help.
- Weight loss support with certified dietitian.
- GED exam fee reimbursement.
- Circumcision for newborn boys.



You'll also receive a complete set of health benefits through Bayou Health, including:

- Doctor and hospital visits with no copays.
- Member Services and the 24/7 Nurse Call Line. We are always here to answer your questions.
- Access to bilingual staff.
- Free help to find a doctor, schedule appointments and get transportation.
- Free health education to promote healthier lifestyles.

This is a short list of the benefits and services for our members. For more information about our services and benefits, please visit our website or call Member Services at XXX-XXX-XXXX.

Our team is here to help you be as healthy as possible:

- Pregnant moms: Our Bright Start® program can help you have a healthy pregnancy and baby! Your care manager will help you make appointments, get a ride to the doctor's office and get other resources.



- Pregnant moms (continued)
We also offer quarterly community baby showers with certified breast feeding instructors. You can get a free baby blanket and matching cap along with the *Happiest Baby on the Block* DVD or book for calling us when you know you are pregnant.
- Help for members with complex medical needs. Our care managers will work with doctors and social service agencies to address your needs.
- We also bring health education and health screenings right to your community. Community health educators help members through home visits and other events in your neighborhood. Reminder campaigns, like below, help you become aware of benefits and stay healthy.
 - **Diabetes Boot Camp** is an adult program for members on how to manage their diabetes.
 - **Safe Playground Build** promotes healthy lifestyles for kids.
 - **Health-centered baby showers** with breast feeding coaches.

If you have questions or for more information, call Member Services at XXX-XXX-XXXX.

Attachment 8.2-B: Member Handbook example



Your Personal Guide to Better Health

Member Handbook

**CARE IS THE HEART
OF OUR WORK**



AmeriHealth Caritas
Iowa

Attachment 8.2-C: “How and where to get help” member overview



Attachment 8.8-A: Sample EOB statement

P550802800X


Keystone Connect
200 Stevens Drive
Philadelphia, PA 19113-9802

Return Service Requested

1 0.6871 SP 0.480
THEBAULT PFOB
107 PARK AV 6TH ST W C
PHILADELPHIA, PA 19121

WHITE STOCK
201502053318
TEST

Statement Date: 02/05/2015
Member Name: THEBAULT PFOB
Member ID: 51339832

Have more questions about your claim?
Call Member Services at:
Phone: 1-855-332-0434
TTY: 1-855-707-5815
Member Services is available 24 hours a day, 365 days a year
Website: www.keystoneconnectpa.com

Explanation of Benefits (EOB) Statement
This is not a bill. Do not pay. This is to notify you that we have processed a claim for services provided to you.

Provider Name: MA, XIAOLI Date of Service: 10/31/14-10/31/14
Claim #: 20007166300

TYPE OF SERVICE	EXPLANATION CODE**	AMOUNT BILLED	APPROVED AMOUNT	PAID TO PROVIDER	COPAYMENT AMOUNT	PLACE OF SERVICE
Practitioner Visit (99214)	PDC	105.00	84.00	84.00	0.00	OUTPATIENT
Claim Totals:		105.00	84.00	84.00	0.00	

Explanation Code**
PDC The charge has been reduced based on a discount arrangement with the provider of service

VOID

P550802800X

WHITE STOCK

Messages:

We want you to have the best care possible. Keystone Connect received a claim from your provider for these services. **Please let us know if you did not receive these services**, or if you have any questions about this EOB such as:

1. What are my complaint and appeal rights?
2. Can I get more information about these services?

You can call Member Services at 1-855-332-0434. You can also write to us at:
Keystone Connect, Attn: Member Services, 200 Stevens Drive, Philadelphia, PA 19113

Date of Service	The date that services were provided to you .
Type of Service	A brief explanation of each service.
Amount Billed	Amount charged by the physician or health care professional for each service on the claim.
Approved Amount	The amount we approved for payment based on your plan benefits prior to the deductible, coinsurance, copayment or other member cost-sharing (if applicable).
Paid to Provider	The total amount paid to your physician or health care professional for the services performed.
Co-Payment Amount	Some of your covered health care services have copays. Copays are fixed dollar amounts you pay for a covered service. You usually will pay the copay when you receive the service.
Place of Service	Where the service was received such as a doctor's office, a hospital inpatient or an ER.

Unauthorized Services provided outside of the network and non-covered services may be the responsibility of the member.

VOID